

Name
in
Full

Edward Ambush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Feb.	23	68	4	10	
Sex	male	Color or Race	Black	Birth-place	Virginia	
Occupation	Laborer		Where Residing if not at place of death	#	#	
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Ambush			
Father's Name	Robert Ambush		Father's Birthplace	Maryland.		
Mother's Maiden Name	Margaret Hood.		Mother's Birthplace	Virginia.		
Name of person giving information	Patrick Ambush		How related to deceased	Brother.		

CAUSES OF DEATH

120

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Interstitial nephritis

How long

7 months.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Thomas, M.D.
Adamstown,
Md.

8
Accident or Suicide?

0/70/10/16

Name
in
Full

Mary Banks

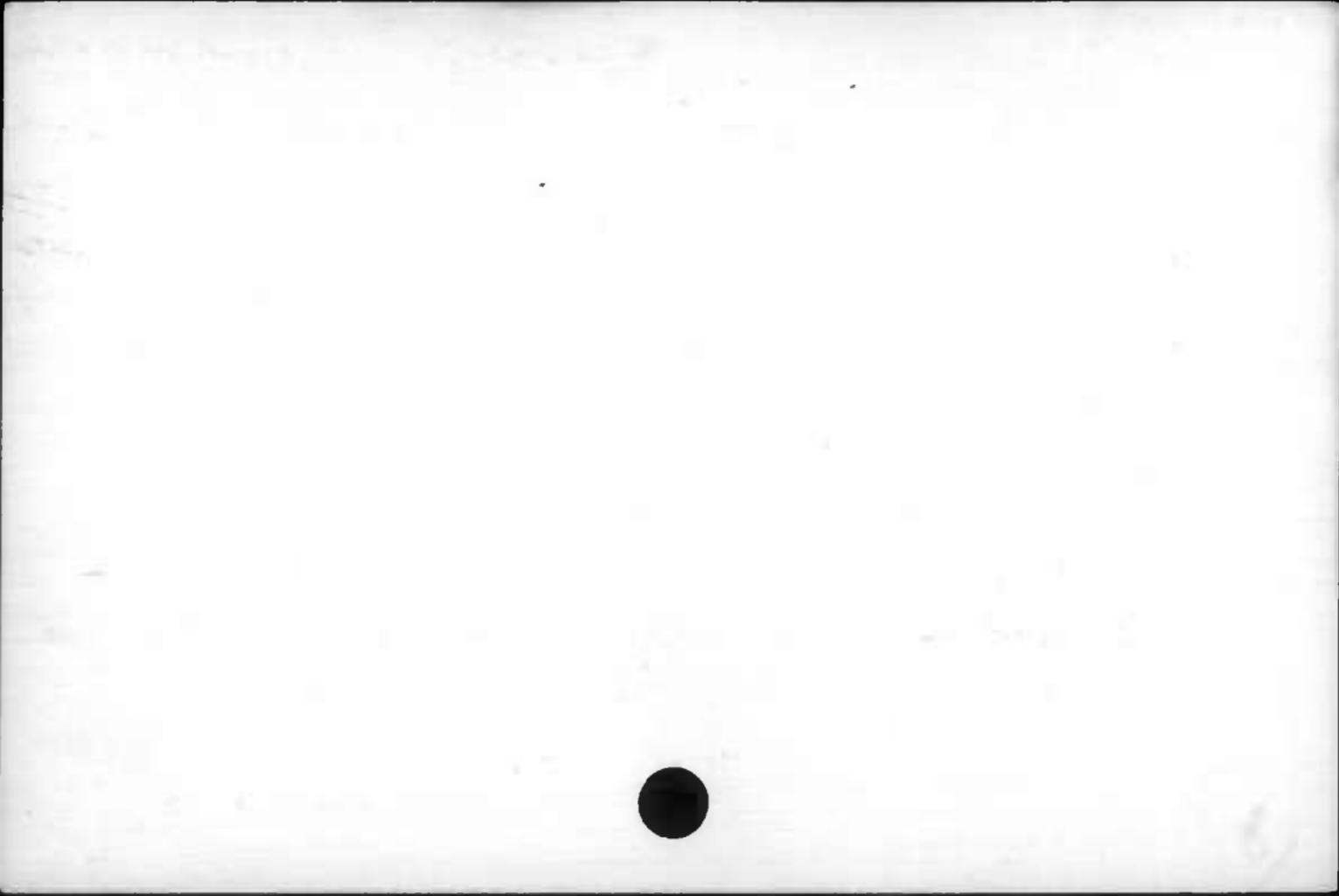
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days
8 Feb,		29		80		
Sex	Female	Color or Race	Black		Birth-place	Unknown
Occupation	Domestic		Where Residing if not at place of death		Same	
Married, Single or Widowed			Name of Wife or Husband		None	
Father's Name	Unknown				Father's Birthplace	Unknown
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving Information	Chancy Posey				How related to deceased	No relation
CAUSES OF DEATH						
Primary	Chronic Mania					
Immediate	Cardiac Valvular lesion					
Are the name, age, sex, color, date and place correctly given above?		Yes, as near as could be as certained		Signature of Physician		68
				Address		How long
				McGourne M.D.		Several years
						About 1 year or more

Accident or Suicide



Name
in
Full

Daniel Bentz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Frederick		Frederick			
Died at		Month	Day	Month	Day
Date of death	1909	2.	25'	Age	55
Sax	Male	Color or Race	White	Birth-place	Frederick
Occupation	Harness Maker		Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A. Shipley	Father's Birthplace	Frederick Co. Md
Father's Name	Lawrence Bentz			Mother's Birthplace	Frederick
Mother's Maiden Name	Ann S. Schell.			How related to deceased	Wife
Name of person giving Information	Mrs. Mary A. Bentz			How long	2 days

CAUSES OF DEATH

64

How long

How long

Primary

Anaplexy
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

g

Accident or Suicide

Chas. F. Goodell, M.D.
Frederick, Md.

over

Interment Feb 27 - 1909
" at Mt. Olivet Cemetery

Thomas P. Rice F. d.

Dr Goodell

Dr. McLaurd,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Calvin Page Brown

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Frederick

Frederick

Date

Month

Day

Years

Months

Days

of death 1909

2

13

Age —

5

21

Sex

Male

Color or
Race

Black

Birth-
place

Frederick

Occupation

—

Where Residing If not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Calvin P. Brown

Father's
Birthplace

Frederick

Mother's
Maiden Name

Henrietta Bowie

Mother's
Birthplace

Frederick Co Md

Name of person giving
Information

Calvin P. Brown

How related
to deceased

Father

CAUSES OF DEATH

Primary

Syphilis

36

How long

One birth

Immediate

Usticaria

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

B. Thomas M.D.

Frederick
Md

Accident or Suicide

Interment Feb 14 - 1909.
" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr B. D. Thomas

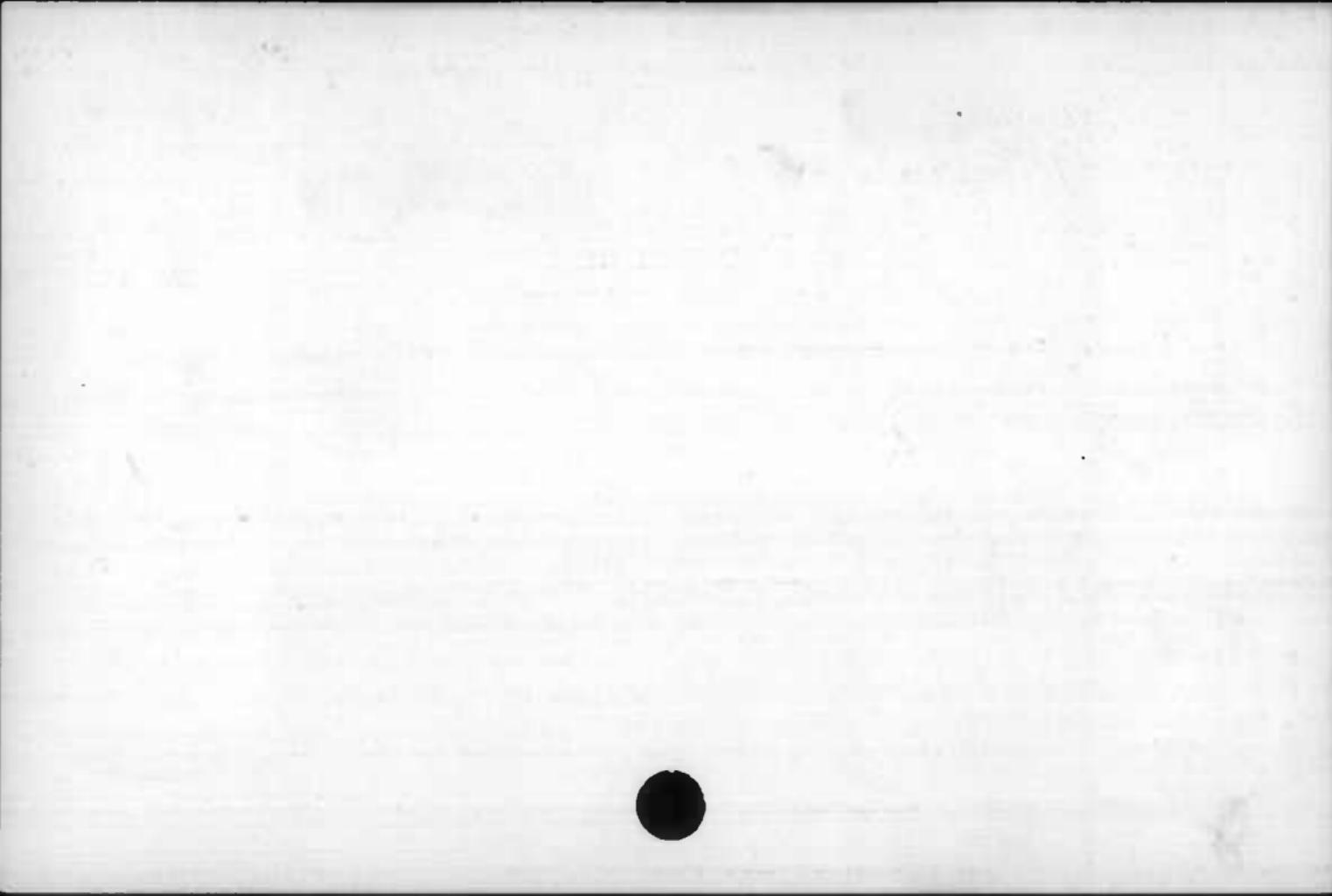
Dr McCurdy

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grace Ethel Virginia Brown				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1909	Month Feb	Day 25	Years 2	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Paw Creek	
Occupation				Where Residing if not at place of death	Paw Creek	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Henry Brown			Father's Birthplace	Maryland	
Mother's Maiden Name	Rachel Bell			Mother's Birthplace	Maryland	
Name of person giving information	Henry Brown			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Malnutrition + Bronch-Pneumonia			92	How long 6 months.	
Immediate	Cardiac Asthma + Thouston				How long 2 days.	
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	J. Henry Hatty	
				Address	New Haven Maryland.	
Accident or Suicide?						



Name
in
Full

Cannon (Isaac)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u>		County <u>Frederick</u>		MARYLAND			
Date of death <u>1909</u>	Month <u>July</u>	Day <u>5</u>	Age <u>70+</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>American</u>	Birth-place <u>Frederick Co</u>					
Occupation <u>Lineman</u>	Where Residing if not at place of death <u>Baltimore Md</u>						
Married, Single or Widowed <u>U</u>	Name of Wife or Husband <u>U</u>						
Father's Name <u>U</u>	Father's Birthplace <u>U</u>						
Mother's Maiden Name <u>U</u>	Mother's Birthplace <u>U</u>						
Name of person giving information <u>U</u>	How related to deceased <u>U</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apothecy

64

How long

Immediate

U

Instantaneous

How long

Are the name, age, sex, color, date and place correctly given above?

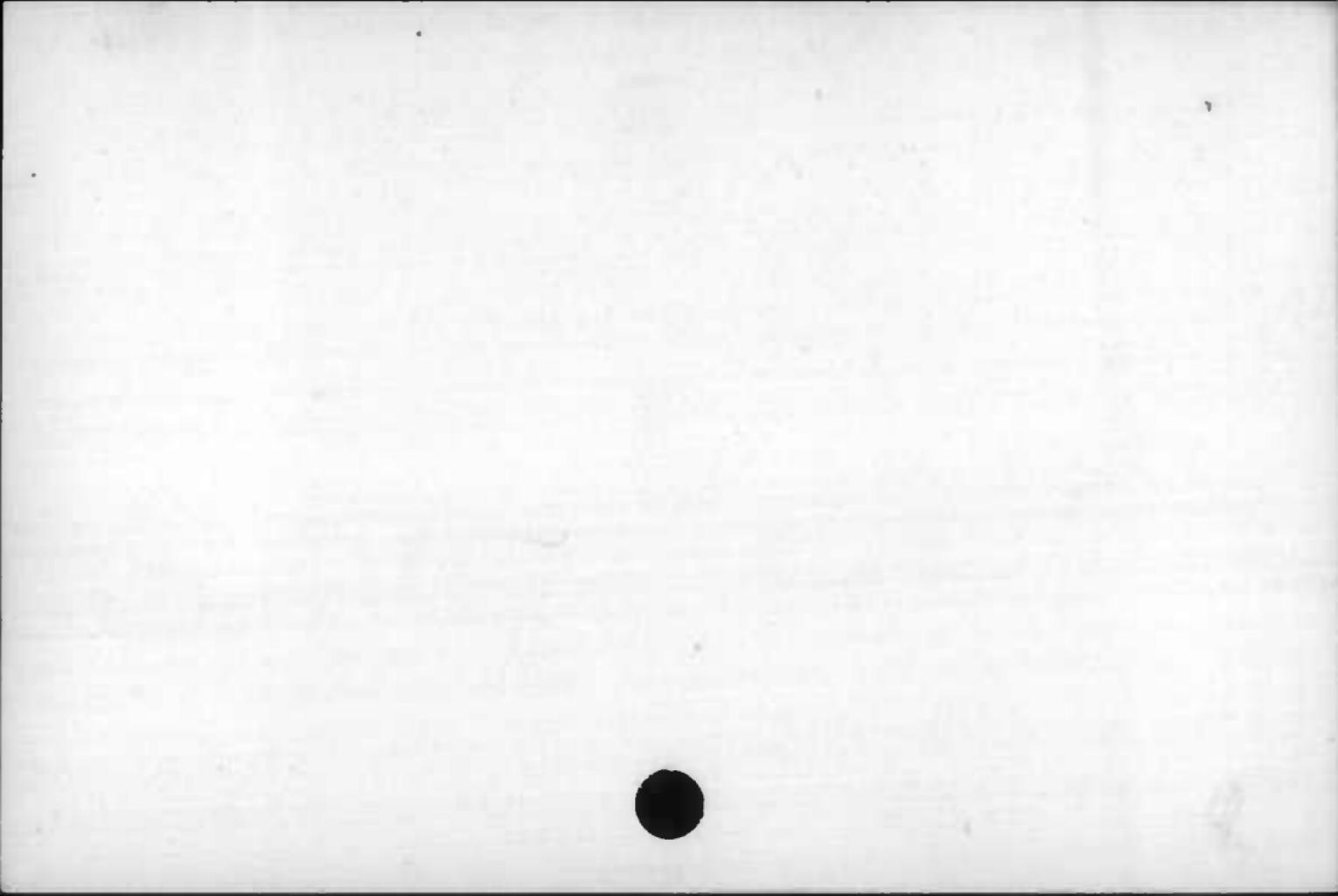
Y

Signature of Physician

Address

W. P. Fahney M.D.

Accident or Suicide?



Name
in
Full

Hannie J. Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Brunswick		Fredrick					
Date of death	1909	Month Feb.	Day 15	Age 37	Months 1	Days 8	
Sex	Female	Color or Race	white		Birth-place	5 th	
Occupation	House wife			Where Residing if not at place of death	Jeb. Carson		
Married, Single or Widowed	Married	Name of Wife or Husband			Father's Birthplace	5 th	
Father's Name	James Fuller					Mother's Birthplace	5 th
Mother's Maiden Name	Maggie Tetus					How related to deceased	Husband
Name of person giving information	Jeb. Carson						

CAUSES OF DEATH

136

How long

8 hrs

PHYSICIAN
OR CORONER

Primary

Placenta Praevia

Immediate

Haemorrhage Ante Partum

How long

1 wk

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

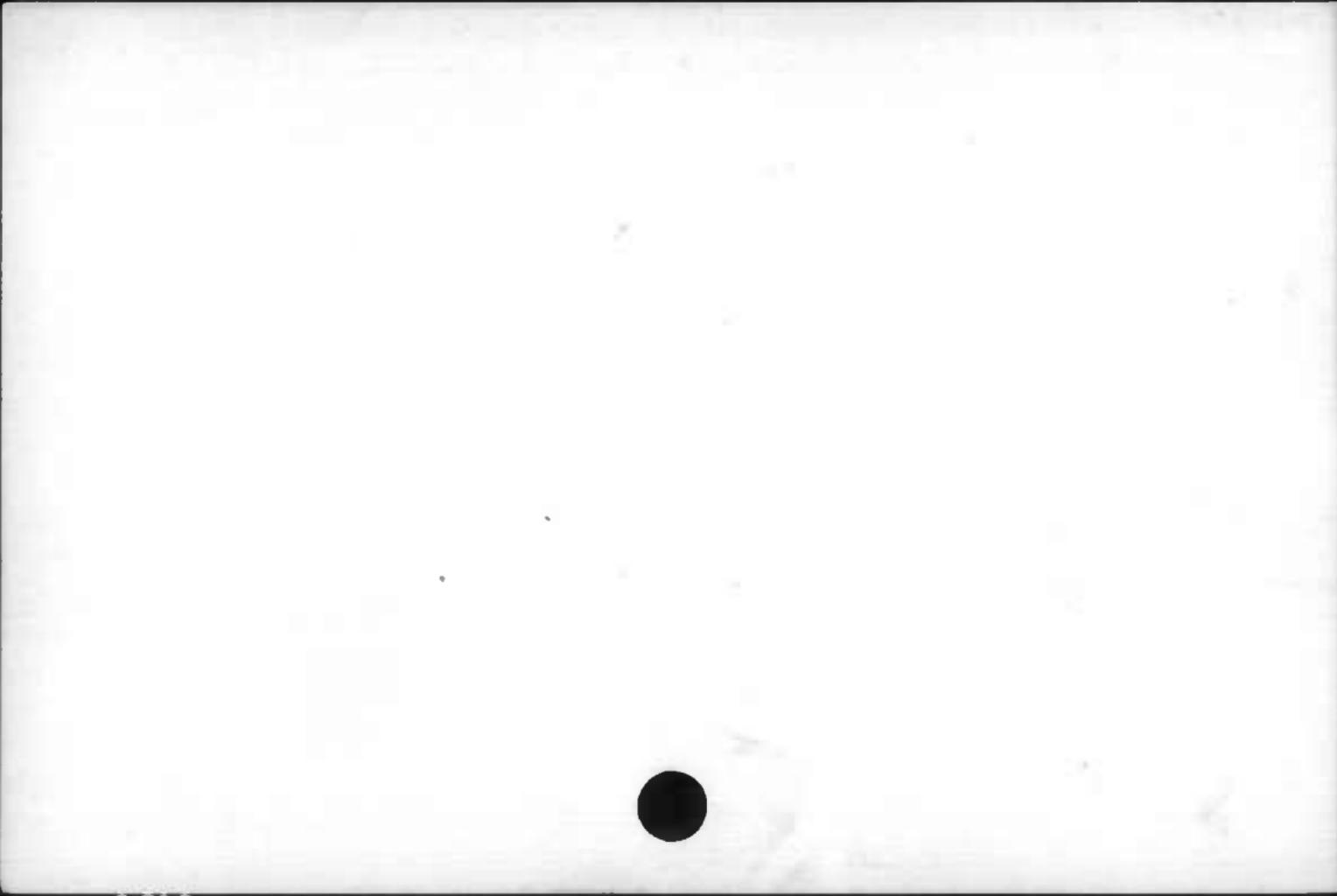
Address

Lion West

Brunswick

Fredrick Co

Accident or Suicide



Name
in
Full

Alice Ceasar

CERTIFICATE OF DEATH

Near Town

County

MARYLAND

Died at

Frederick

Month

Day

Year

Month

Day

Date
of death

1909

2

13

Age

45

Sex

Female

Color or
Race

Black

Birth-
place

Frederick

Occupation

Maid

Where Residing if not
at place of death

Frederick

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Julius Ceasar

Father's
Birthplace

Maryland

Mother's
Maiden Name

Annie Brown

Mother's
Birthplace

Beth. Corked

Name of person giving
Information

Augustus Ceasar

How related
to deceased

Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

27

Primary

Pulmonary Consumption

How long

several months

Immediate

Pulmonary Hemorrhage

How long

4 or 5 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. G. Bourne M.D.

Address

Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Feb 15 - 1809,
" at St. John's Cemetery
Thomas P. Rice Esq.

Dr Bourne
Dr Goodell
Dr McCurdy

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Paul Edwin Chrymer

CERTIFICATE OF DEATH

Died at Emmitsburg Town Frederick County MARYLAND

Date of death 1909 Month 2nd Day 21st Years Months Days

Sex Male Color or Race White Birth-place Emmitsburg

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edwin Chrymer

Father's Birthplace

Pennsylvania

Mother's Maiden Name

Jennette. Humrick

Mother's Birthplace

Maryland

Name of person giving information

W. Sweeney

How related to deceased

None

CAUSES OF DEATH

Primary

Broncho-Pneumonia

92

How long

Immediate

4 days.

How long

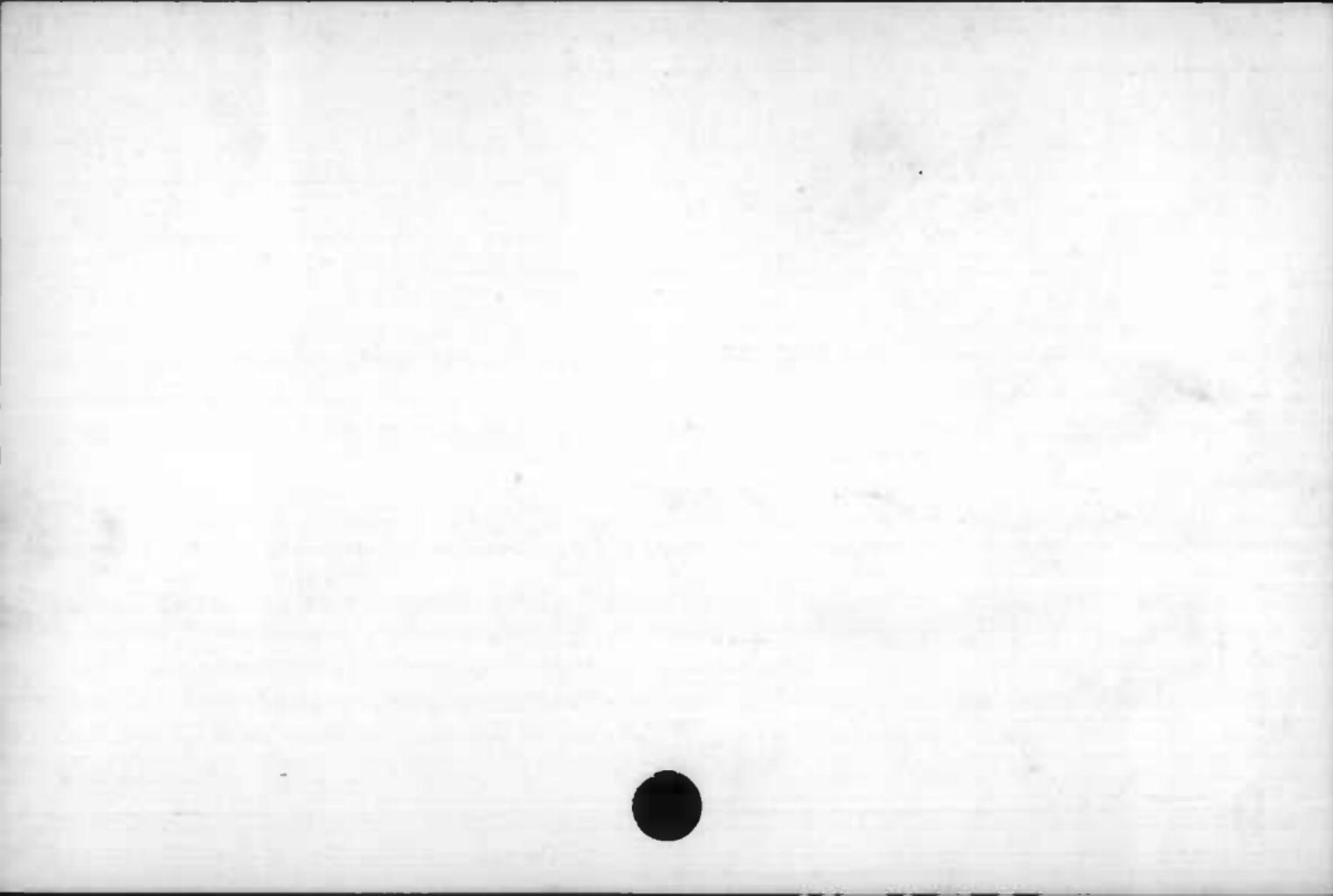
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. D. S. Stone
Emmitsburg, Md

Accident or Suicide?



William St. Clay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Feb	Day 9	Years 28	Months 9	Days 6	
Sex	Male	Color or Race	white		Birth-place	md	
Occupation	clerk		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	A. J. Clay		Father's Birthplace				
Mother's Maiden Name	Susan P. Fetter		Mother's Birthplace				
Name of person giving Information	Susan P. Clay		How related to deceased				

CAUSES OF DEATH

79)

How long

PHYSICIAN
OR CORONER

Primary	Cardiovascular	
Immediate	Cardiostasis	
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		
Address		
8		
Accident or Suicide?		
no		

7.5 CONDUIT

7.6 CONDUIT

7.7 CONDUIT

50

20

20

20

20

20

20

20

20

TRAVERSE

10.0 STATISTICS

Name
in
Full

Helen R. Coblenz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1909	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age 57	Birth- place	Maryland	
Married, Single or Widowed	Single	Occupation	Homework			
Name of Wife or Husband						
Father's Name	Oliver Coblenz		Father's Birthplace	Maryland		
Mother's Maiden Name	Rebecca Menchay		Mother's Birthplace	Maryland		
Name of person giving Information	Chas. C. Coblenz		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

79

How long

3 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

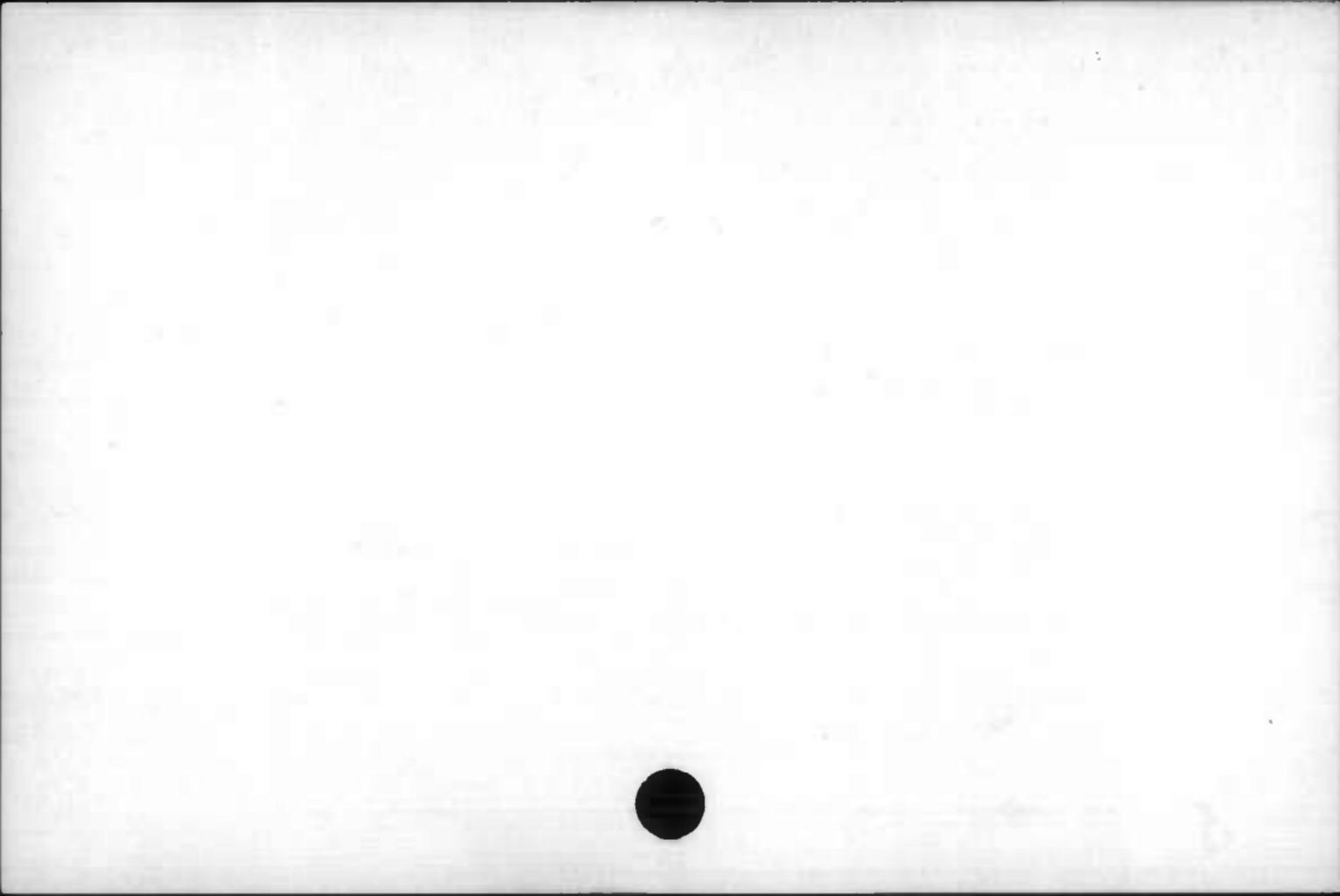
Yes

Signature of
Physician

Address

G. Herbert Beakley
Middleton
Md.

Accident or Suicide?



Name
in
Full

Frank Hobbs Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Fredrick	Montgomery				
Date of death	1909	Month	Day	Years	Months	Days
	Febry		23	Age	64	7
Sex	Male	Color or Race	White	Birth-place	Howard Co Md.	
Occupation	Carnage Trimmer		Where Residing if not at place of death	X		
Married, Single or Widowed	Married	Name of Wife or Husband	M. A. Robbeau Davis			
Father's Name	Zachariah Davis		Father's Birthplace	Md		
Mother's Maiden Name	Cordelia A. Clary		Mother's Birthplace	Md		
Name of person giving information	Mrs. M. A. Davis		How related to deceased			

CAUSES OF DEATH

64

How long

How long

PHYSICIAN
OR CORONER

Primary

Apoplexy (Congestive) & Subsequent Sepsis

Immediate

Brepuimia
Exsanguination

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Hayward,
17 Cromwell St.
Fredrick Md.

Accident or Suicide



Name
in
Full

John Alexander Degrange

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u> <u>Leagaville</u> <u>Town</u> <u>County</u>				MARYLAND		
Date of death <u>1907</u>	Month <u>2</u>	Day <u>18</u>	Age <u>88</u> Years	Months <u>2</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Leagaville</u>				
Occupation <u>Gardener</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sarah Ann Degrange				
Father's Name						
Mother's Maiden Name						
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

9 days

Immediate

Edema of Lungs

How long

5 hours

Are the name, age, sex, color, date and place correctly given above?

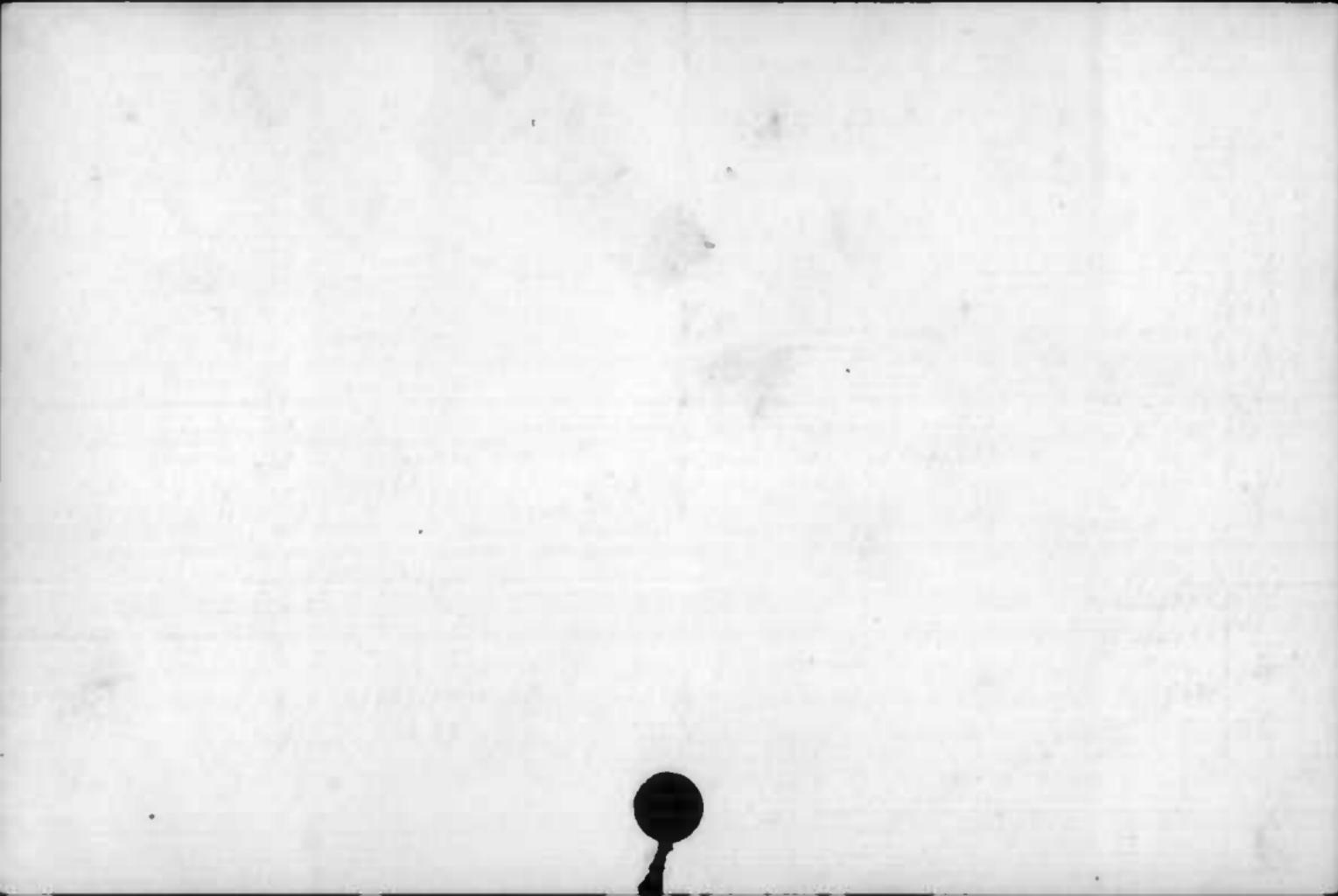
Yes

Signature of Physician

Address

J. M. Goodman, M.D.
Gardener, Md.

Accident or Suicide?



Name
in
Full

William Devibis

CERTIFICATE OF DEATH

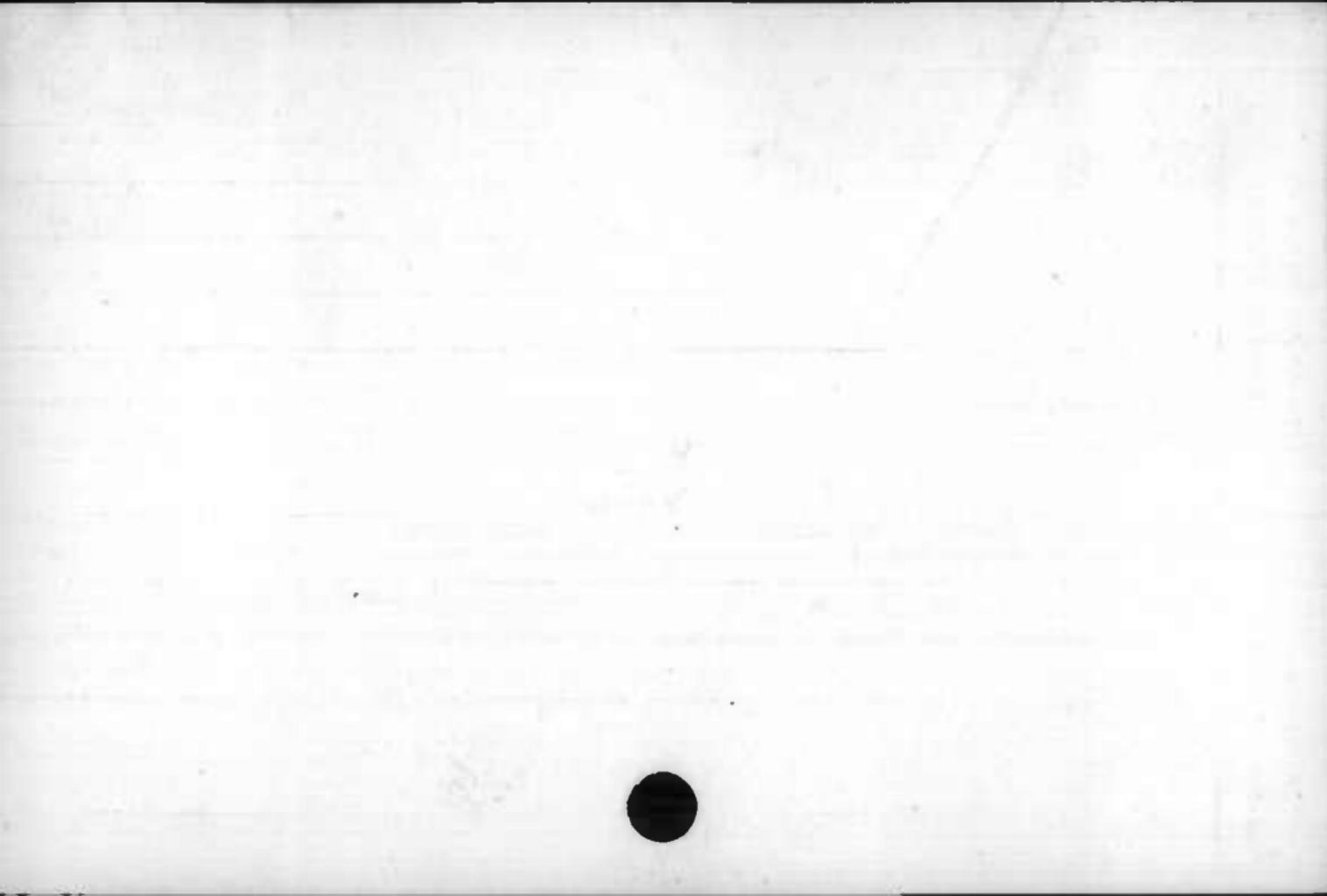
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	82	5	17		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Lans Creek					
Married	Mary C. Devibis						
Father's Name	Father's Birthplace						
Casper Devibis	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Ann. E. Barrett	Maryland						
Name of person giving Information	How related to deceased						
Willie P. Devibis	Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio-Capillary Fibrosis		66
Immediate	Hemiplegia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	5 days.
		Address	Dr. Ira E. Whitehill New Windsor Md.
Accident or Suicide?			



Name
in
Full

Loretta Ann Oudrean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Frederick		11		Months	
Date of death	Month	Day	Years		Days	
1909	2	7 th	40	8	9	
Sex	Female		Color or Race	white		
Occupation	Retired		Where Residing if not at place of death	X		
Married, Single or Widowed	Name of Wife or Husband		P. Cromwell Oudrean			
Father's Name	Joseph Routhabur		Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth Lighter		Mother's Birthplace	Md		
Name of person giving information	John F. C. Nofwood		How related to deceased	niece		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Bedridden from Injury

How long 2 yrs

Immediate Ruptured afferent shock

How long 4 hrs

Are the name, age, sex, color, date and place correctly given above?

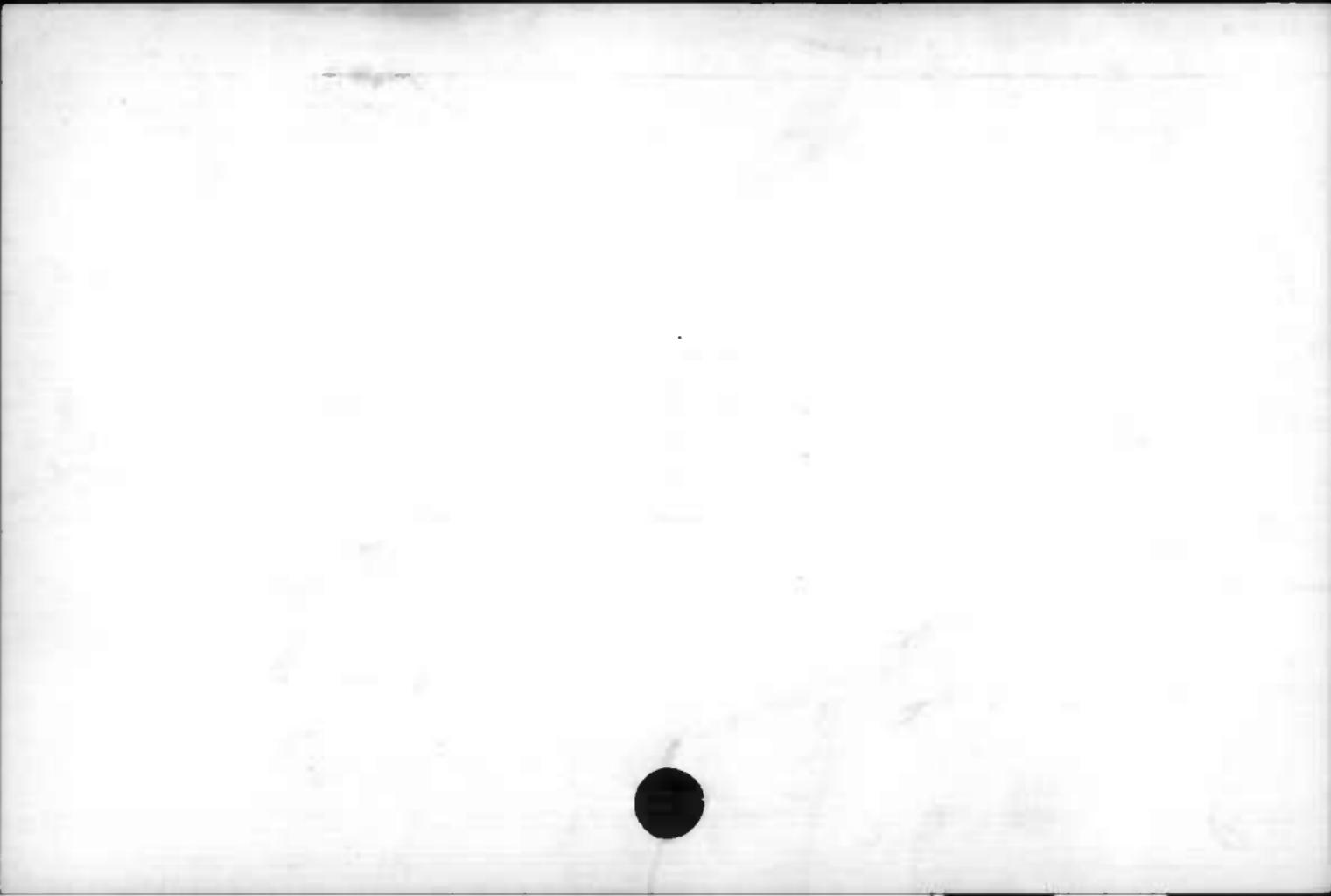
Y

Signature of Physician

Address

John F. Goodell
Frederick, Md

Accident or Suicide



Name
in
Full

Emanuel Dusing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marysville

Town

County

MARYLAND

Date of death 1909

Month 2

Day 15

Years 75

Months 10

Days 30

Sex Male

Color or Race White

Birth-place Wolfsville

Occupation Day Laborer

Where Residing if not
at place of death Marysville

Married, Single
or Widowed

Name of Wife or
Husband Susan Dusing

Father's Name Isaac Dusing

Father's Birthplace Wolfsville

Mother's Maiden Name Bettie

Mother's Birthplace Unknown

Name of person giving
Information Susan Dusing

How related
to deceased Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Organic heart disease

How long Unknown

Immediate Dilatation

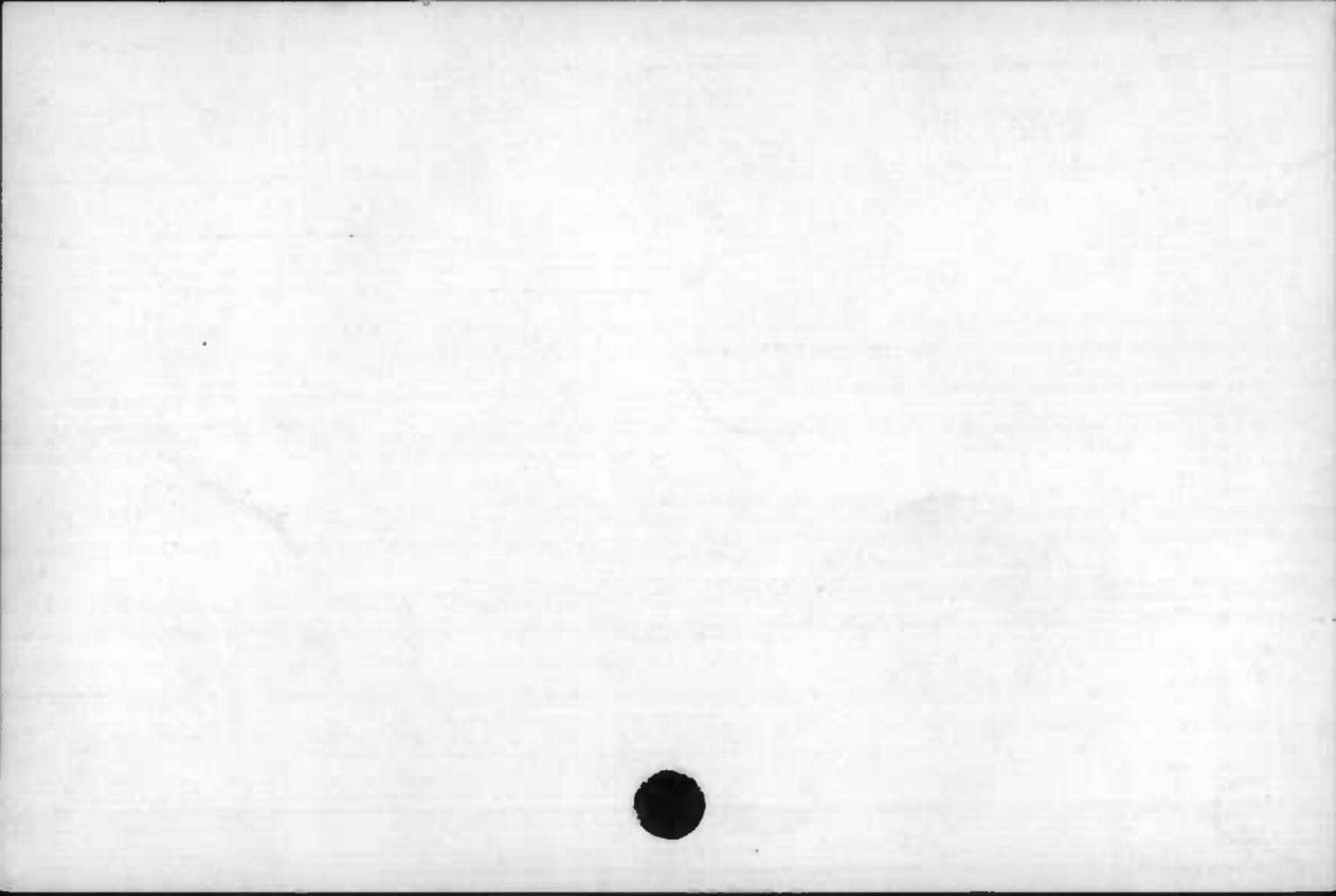
How long Unknown

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician R. H. Kok

Accident or Suicide?

Address Marysville



Name
in
Full

Eberts, Lettie V.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Fredrick</u>		Town	County <u>Fredrick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>2</u>	Day <u>7</u>	Age <u>63</u>	Years <u>63</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>					
Occupation <u>Gov. Clerk</u>	Where Residing if not at place of death		<u>Fred</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Joe B Eberts</u>			Father's Birthplace <u>Fredicko</u>			
Mother's Maiden Name <u>Catharine Danbury</u>			Mother's Birthplace <u>Ir</u>			
Name of person giving information <u>Sister (Mrs T Spader)</u>			How related to deceased <u>46</u> <u>Sister</u>			

CAUSES OF DEATH

Primary

Lunor. (Abdominal)

How long 6mo

Immediate

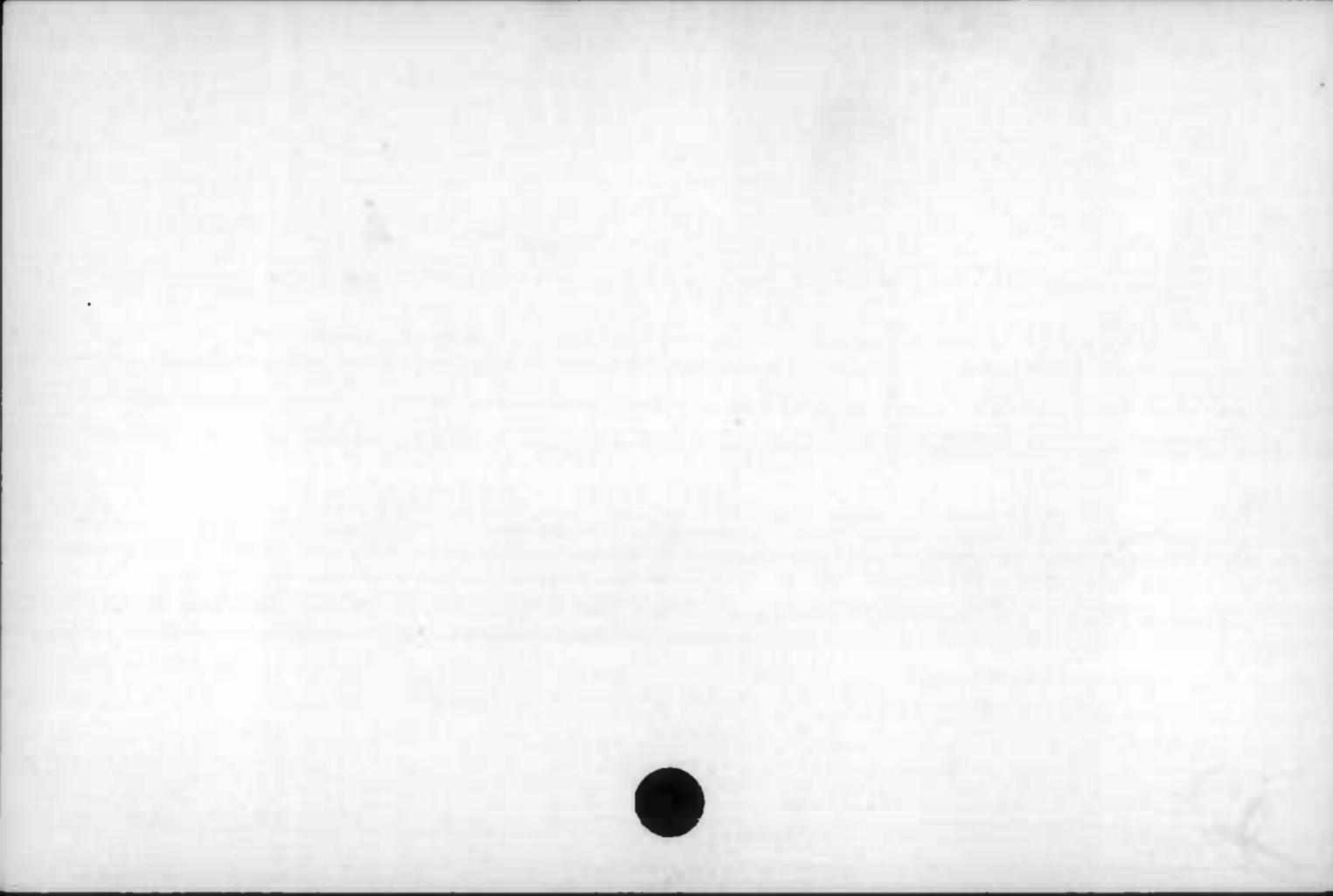
Asthenia

How long 30+ years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
H P FarneyAddress
NW
Fredick Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Feby	Day 25 th	Years 81	Months 4	Days 12
Sex	Male	Color or Race	White	Birth-place	Wurtemberg, Germany	
Occupation	Dyer and Skin dresser			Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Widower	Name of Wife or Husband	Catherine Engel Feil			
Father's Name	Not obtainable			Father's Birthplace	not obtainable	
Mother's Maiden Name	Not obtainable			Mother's Birthplace	not obtainable	
Name of person giving Information	Daniel Eissler			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

154

How long

4 years

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

LaBrueck md

236 Church St

Frederick md

J

Accident or Suicide?



Name
in
Full

Charles Feib

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Frederick, Maryland Frederick MARYLAND
Month Day Years Months Days
Date of death 1909 Feb 26 31 8
Sex Male Color or Birth-place White Md
Occupation Laborer Where Residing if not
a place of death Jacksonville
Married, Single or Widowed Married Gertrude Knight
Name of Wife or Husband Father's Birthplace
Father's Name Leo Webster Feib Md
Mother's Maiden Name Janice Yafried Mother's Birthplace Md
Name of person giving Information Mrs. Charles Feib Wife
How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

A. Injury
Fracture Bone of Skul. (accident) 54 hours -
How long

Immediate

Shock.

54 hours -

Are the name, age, sex, color, date
and place correctly given above?

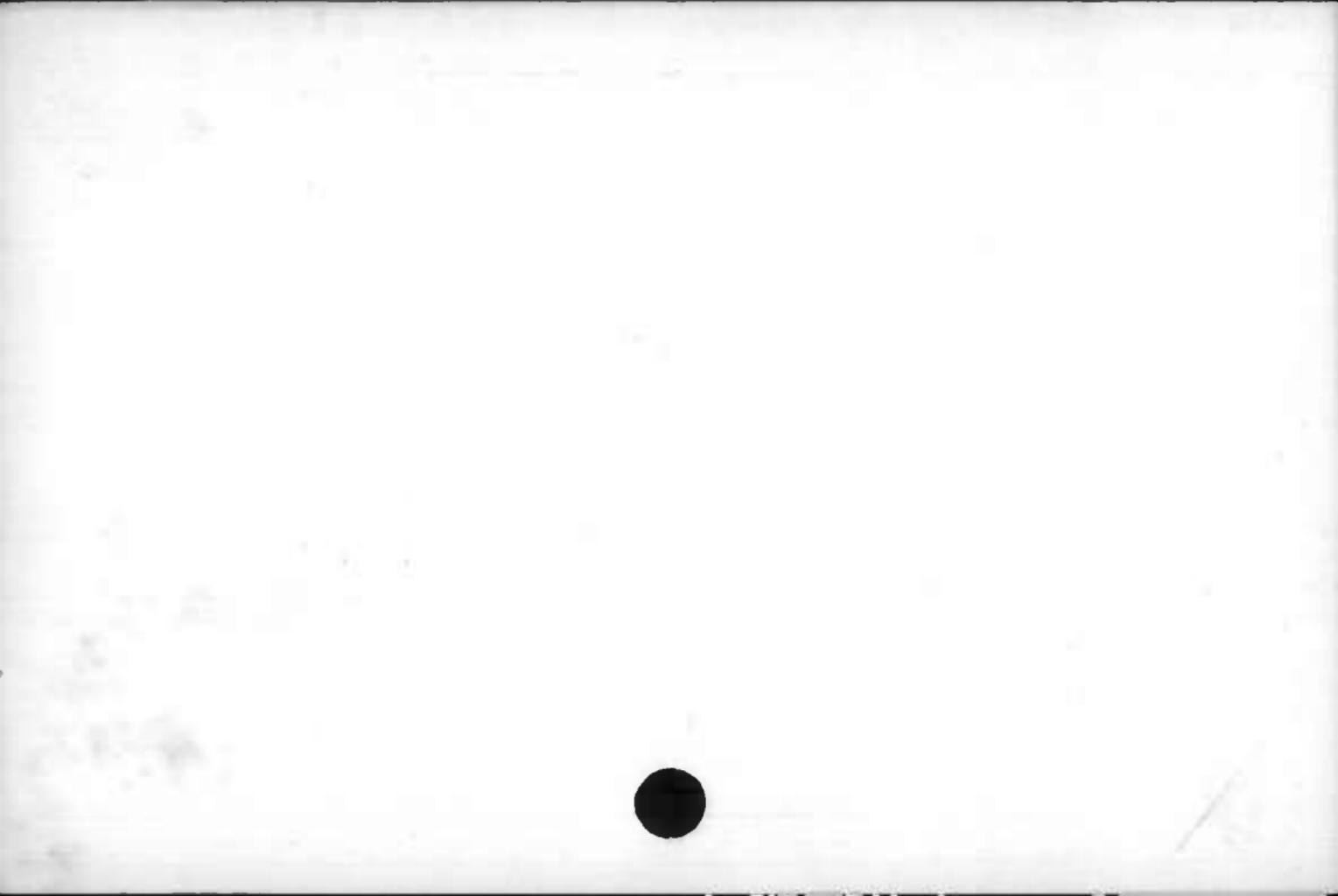
Yes

Signature of
Physician

Address

164

Accident



Name
in
Full

William H. Fisher

CERTIFICATE OF DEATH

Near Frederick

Town

County

MARYLAND

Died at

Mountains

Month

Day

Years

Montha

Days

Date
of death

1909

2

4

Age

64

Montha

Days

Sex

Male

Color or
Race

Black.

Birth-
place

Md

Occupation

Labores

Where Residing if not
at place of death

Howard Co. Md.

Married, Single
or Widewed

Unknown

Name of Wife or
Husband

Unknown

Father's
Birthplace

Md

Father's
Name

Unknown

Fisher

Unknown

Father's
Birthplace

"

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

S. H. Gregg

Asst.

How related
to deceased

None

CAUSES OF DEATH

154

How long

2 or 3 years

How long

Several months

Primary

Senile Dementia
General Exhaustion

Immediate

Dr. J. Bourne M.D.
Frederick Md.

Signature of
Physician

Address

[Redacted]

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Accident or Suicide

Continent Feb 6 - 1909

" at Poplar springs Md

Thomas P. Rice (Shipping) F. D.

Dr Tyson Barnes

Dr Goodell

Dr McCurdy

Name
in
Full

Clarence G. Gomis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Feb.	Day 3	Years 3	Months 4	Days 14
Sex	Male	Color or Race	Colored		Birth-place	Md
Occupation	None	Where Residing if not at place of death				Darne
Married, Single or Widowed	X	Name of Wife or Husband	X			
Father's Name	James. G. Gomis			Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Susan S. Butcher			Mother's Birthplace	" "	
Name of person giving Information	James G. Gomis			How related to deceased	Father	

CAUSES OF DEATH

90

Primary

Bronchitis

1 or 2 months

Immediate

Pulmonary Hemorrhage

How long

About 4 or 5 min

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

ll. G. Bourne M.D.

Frederick, Md

Accident or Suicide

Neither

Interment Feb 5-09
" at Bartonsville from
Thomas P. Rice F. D.

Dr Bourne

Dr Goodell

Dr B. L. Bursey

Name
in
Full

Howard Lee Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Month	Day	County	MARYLAND	
Frederick City	2	5	Frederick	Months	Days
Date of death 1909	Age	Years	8	28	
Sex Male	Color or Race	White	Birth- place	Baltimore, Md	
Occupation Travelling Salesman for Dental Goods	Where Residing if not at place of death			Philadelphia	
Married, Single or Widowed Married	Name of Wife or Husband Marie Sawyer	Philadelphia		Green & Kolb	
Father's Name Philander Green	Father's Birthplace Geneva N.Y.				
Mother's Maiden Name Mary Eliason	Mother's Birthplace Md.				
Name of person giving Information Mrs. Green	How related widow		wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

120

How long

Unknown

Immediate

Uraemia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Howard Buchanan Dooley
Frederick, Md.

Accident or Suicide

Name
in
Full

Susan Grassnickle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Ellicott</u>		Town <u>Frederick</u> County <u>Frederick</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Feb</u>	Day <u>11</u>	Years <u>82</u>	Age <u>82</u>	Months <u>6</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Mapleville Washington Co. Md.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Daniel Grossnickle</u>	Father's Name <u>Frederick Leopold</u>				
Father's Name <u>Frederick Leopold</u>	Father's Birthplace <u>unknown</u>					
Mother's Maiden Name <u>Mary Deernbaugh</u>	Mother's Birthplace <u>unknown</u>					How related to deceased <u>son</u>
Name of person giving information <u>C. H. Grossnickle</u>						

CAUSES OF DEATH

112

How long

Two months

How long

PHYSICIAN
OR CORONER

Primary

Senile Cirrhosis of Liver

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. J. Smith
Jefferson,
Md.

Yes.

Accident or Suicide?



Name
in
Full

Edward ~~Gitter~~ Gabler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at State Sanatorium		County Frederick		MARYLAND	
Date of death 1909	Month July	Day 14	Years 41	Months	Days
Sex Male	Color or Race White	Birthplace Switzerland			
Occupation Dyer & Reimer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Margaret Gabler	Father's Birthplace Switzerland			
Father's Name William Gabler	Mother's Birthplace Switzerland				
Mother's Maiden Name Margaret Buchenbunger	How related to deceased Wife				
Name of person giving Information Edward Gabler					

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis
Immediate Cardiac Deleation

How long

1 yr.

How long

24 hrs.

Signature of Physician

Address

Victor F. Cullen

State Sanatorium

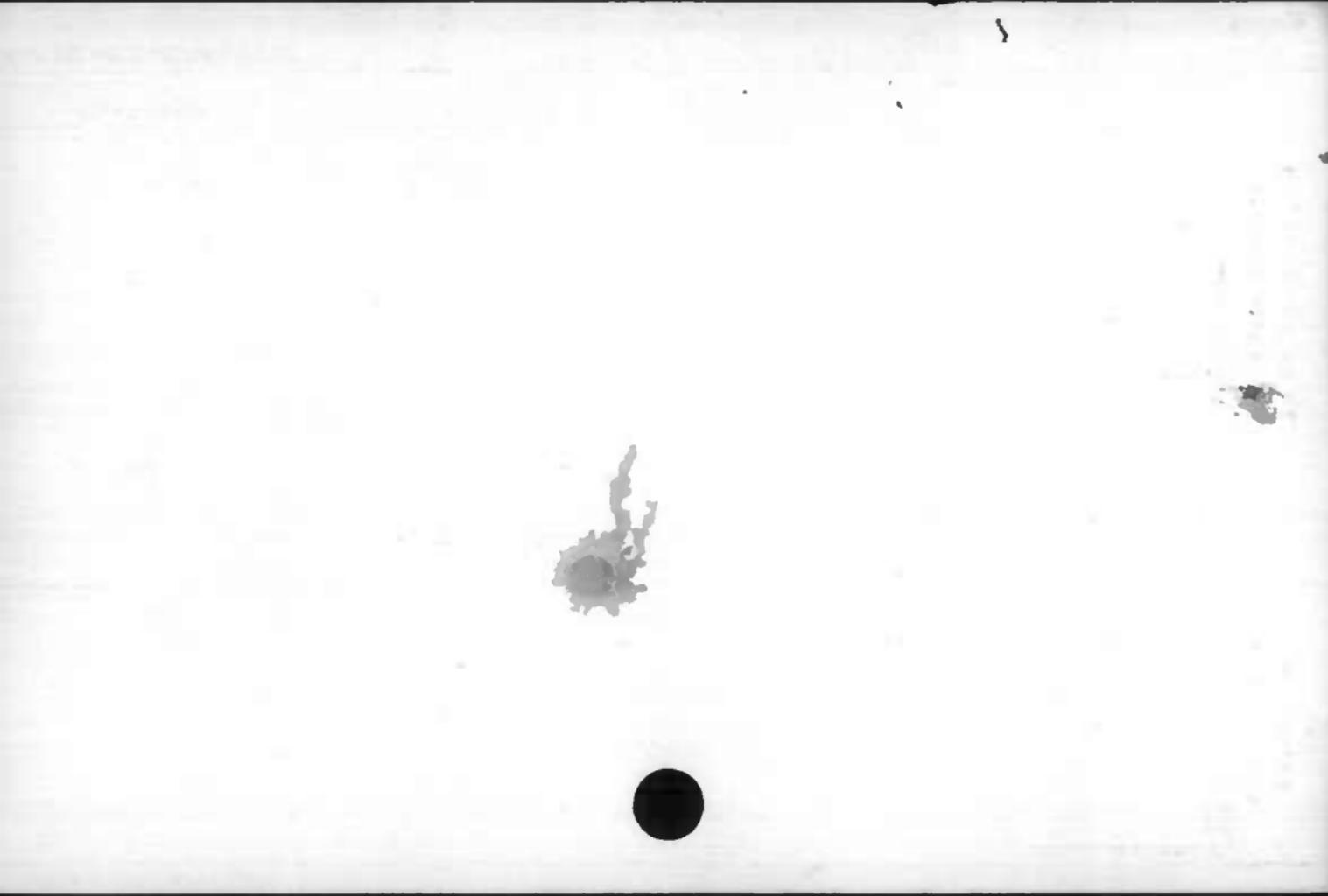
Frederick Co. Maryland.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Accident or Suicide



Name
in
Full

Daniel

Hale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town
Near Peterville.

Date of death 1909 Month
Feb. Day 16

County
Frederick

MARYLAND

Sex Male

Color or
Race

Colorado

Birth-
place

3rd

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Divorced

Name of Wife or
Husband

Don't know

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

Mrs. Walter

How related
to deceased

Don't know
at all

CAUSES OF DEATH

154

How long

Primary

Old age

Immediate

General debility

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

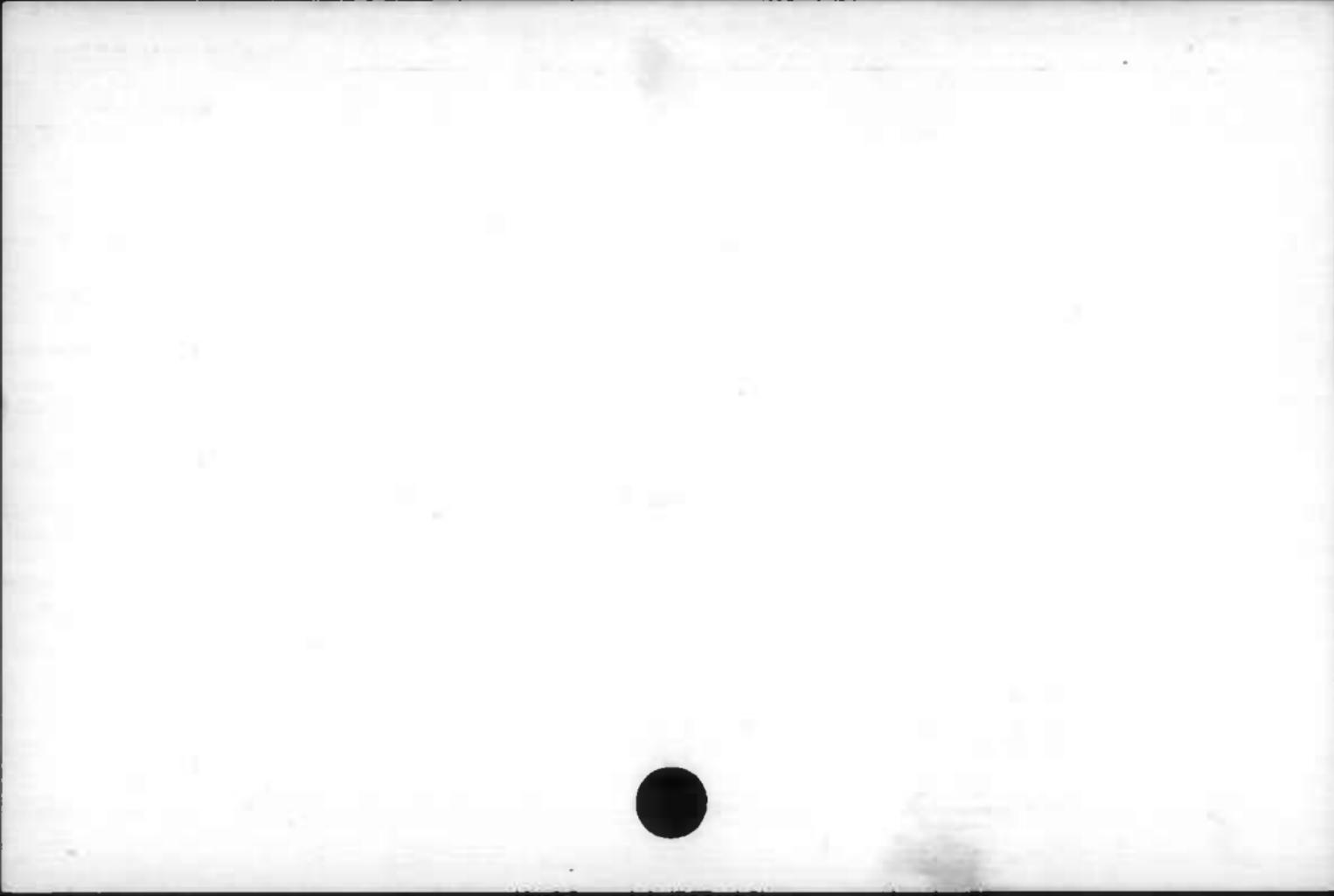
Signature of
Physician

Address

Levin H. Hale, Health Officer
Baltimore
Frederick Co.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Hargett

Died at		Town	County		MARYLAND		
Died at	near Hagerstown	Frederick					
Date of death	1909	Month	Day	Years	Months	Days	
		Feb	10			4	
Sex	male	Color or Race	white	Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Harvey Hargett			Father's Birthplace	Frederick Co., Md.		
Mother's Maiden Name	Mary E. Davis			Mother's Birthplace	Frederick Co., Md.		
Name of person giving information	Harvey Hargett			How related to deceased	Father		

CAUSES OF DEATH

151

Primary

Hepatitis

How long

Immediate

Asthemia

How long

Are the name, age, sex, color, date and place correctly given above?

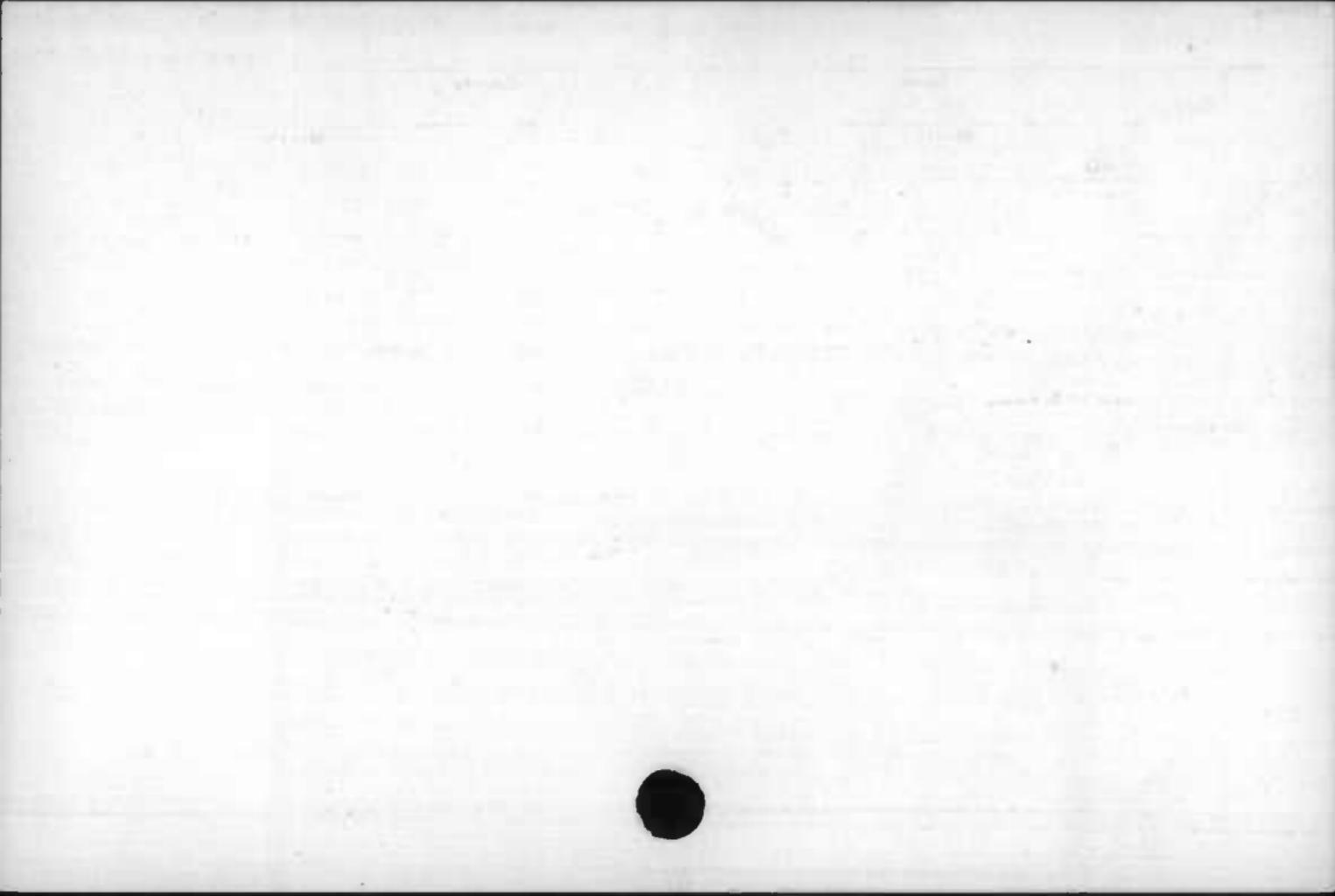
yes

Signature of Physician

Address

J. H. Needup,
Frederick,
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ezra Marshman

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Holsville</u>		County <u>Frederick</u>				
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>4</u>	Years <u>62</u>	Months <u>8</u>	Days <u>22</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co.</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Holsville</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Louisa C. Leathesman</u>					
Father's Name <u>John Marshman</u>	Father's Birthplace <u>Frederick Co.</u>					
Mother's Maiden Name <u>Elizabeth Bassmire</u>	Mother's Birthplace <u>Frederick Co.</u>					
Name of person giving information <u>Jacob L. Moser</u>	How related to deceased <u>Brother-in-law</u>					

CAUSES OF DEATH

64

How long

Several Years.

How long

Just die.

Primary

Complaining a long time

Immediate

Found dead in bed. Possibly Apoplexy -

Are the name, age, sex, color, date and place correctly given above?

Yes.

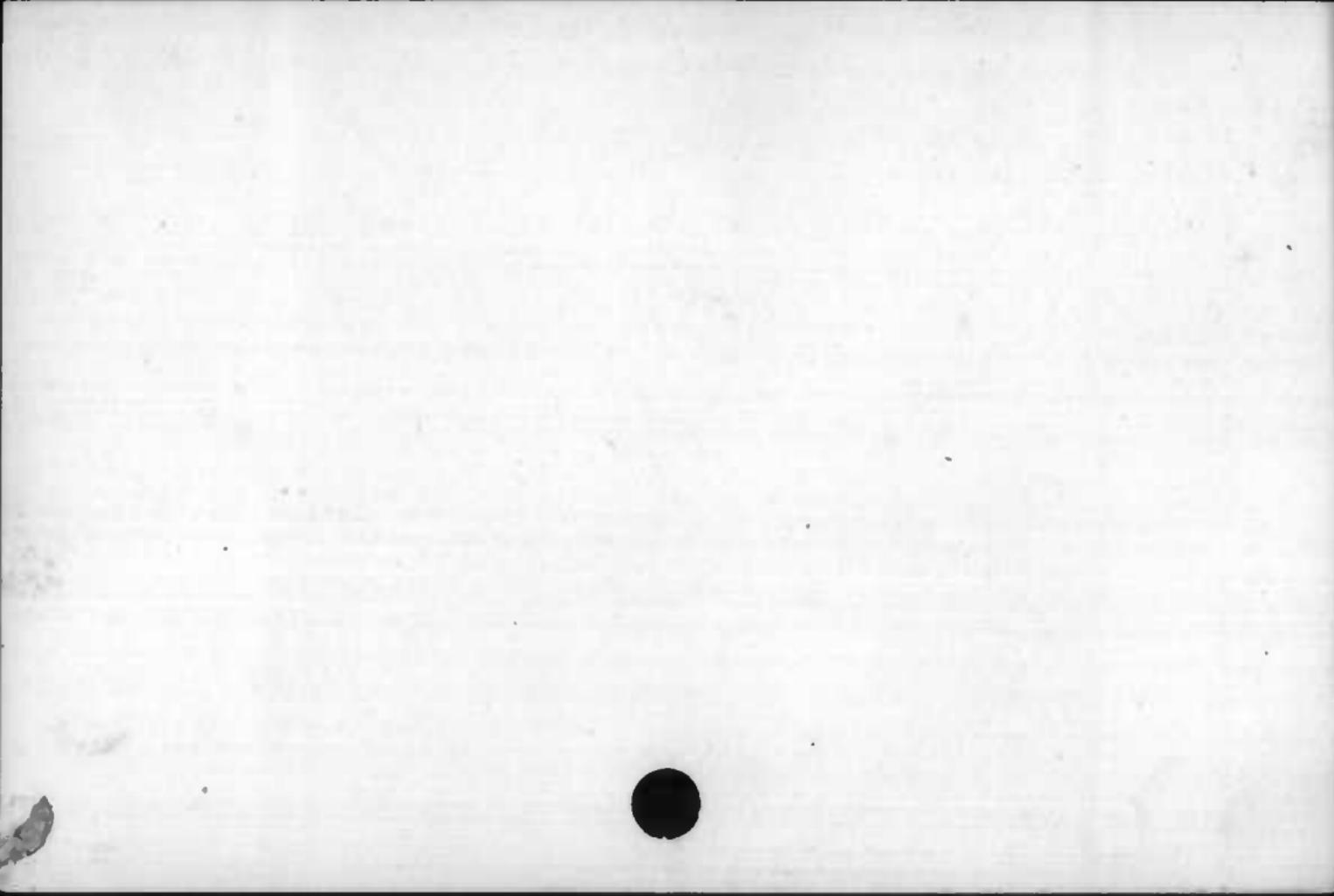
Signature of Physician

Address

Ralph Crossung

Holsville Md

Accidental or Natural?



Name
in
Full

Charles Harmon Hedges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

Town

County

MARYLAND

Date
of death 1909

Month

Day

Year

Age

37

Month

Day

Sex Male

Color or
Race

White

Birth-
place

Frederick Co^{Md}

Occupation

Farm-Hand

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Isaac Hedges

Father's
Birthplace

Frederick Co^{Md}

Mother's
Maiden Name

Sophia E. Roth

Mother's
Birthplace

Virginia

Name of person giving
Information

Isaac Hedges

How related
to deceased

Father

CAUSES OF DEATH

104

Primary

Suffocated by Cardiac Lesion after death

How long

Immediate

death Indigestion

How long

1 Hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

F.H. Hedges
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mass 2 - 1909
" at Mt Olivet Cemetery

Thomas P. Rice & al.

Dr. Hedges

Dr. McCusky

Name
in
Full

Dora Elizabeth Herbst

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at <u>Wolfsville</u>	Month	Day	Years	Months	Days
Date of death <u>1909 Feb</u>	<u>7</u>	<u>16th</u>	<u>17</u>	<u>8</u>	<u>4</u>
Sex <u>Female</u>	Color or Race	<u>White</u>			
Occupation <u>House servant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Herbst</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lydia A. Poyar</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>John Herbst</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

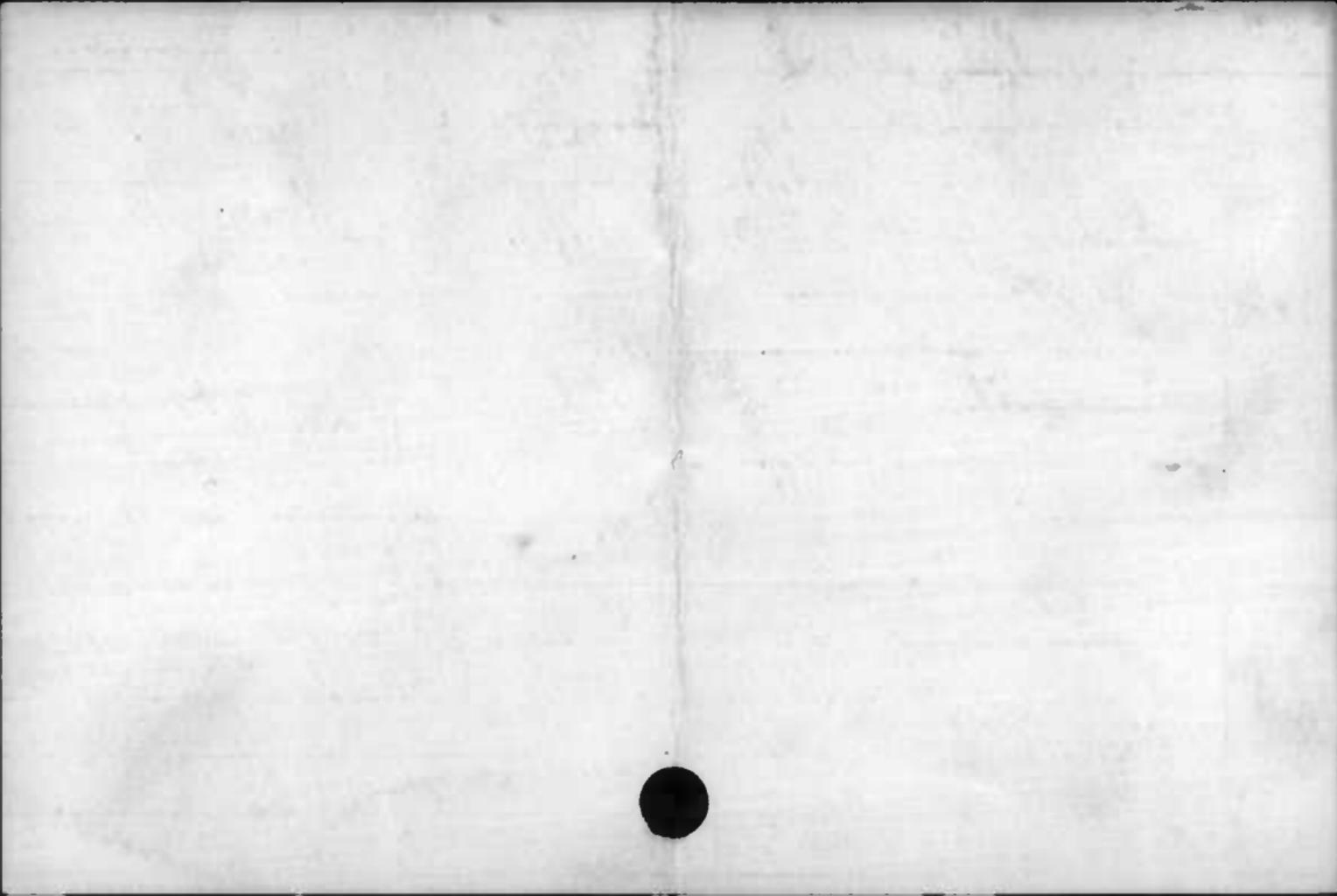
Signature of Physician

Address

W. C. Wheeler M.D.

Booneboro
Washington Co.

Accident or Suicide?



Name
in
Full

Mary Ethel Holsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	2	26	20	x	x
Sex	Female	Color or Race	Colored	Birth-place	Montgomery
Occupation	Daughter in home		Where Residing if not at place of death	Near Ridgerville	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Harry H. Holsey		Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Harricell Bowie		Mother's Birthplace	" " "	
Name of person giving information	H. H. Holsey		How related to deceased	Father	

CAUSES OF DEATH

93

How long

7 days

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

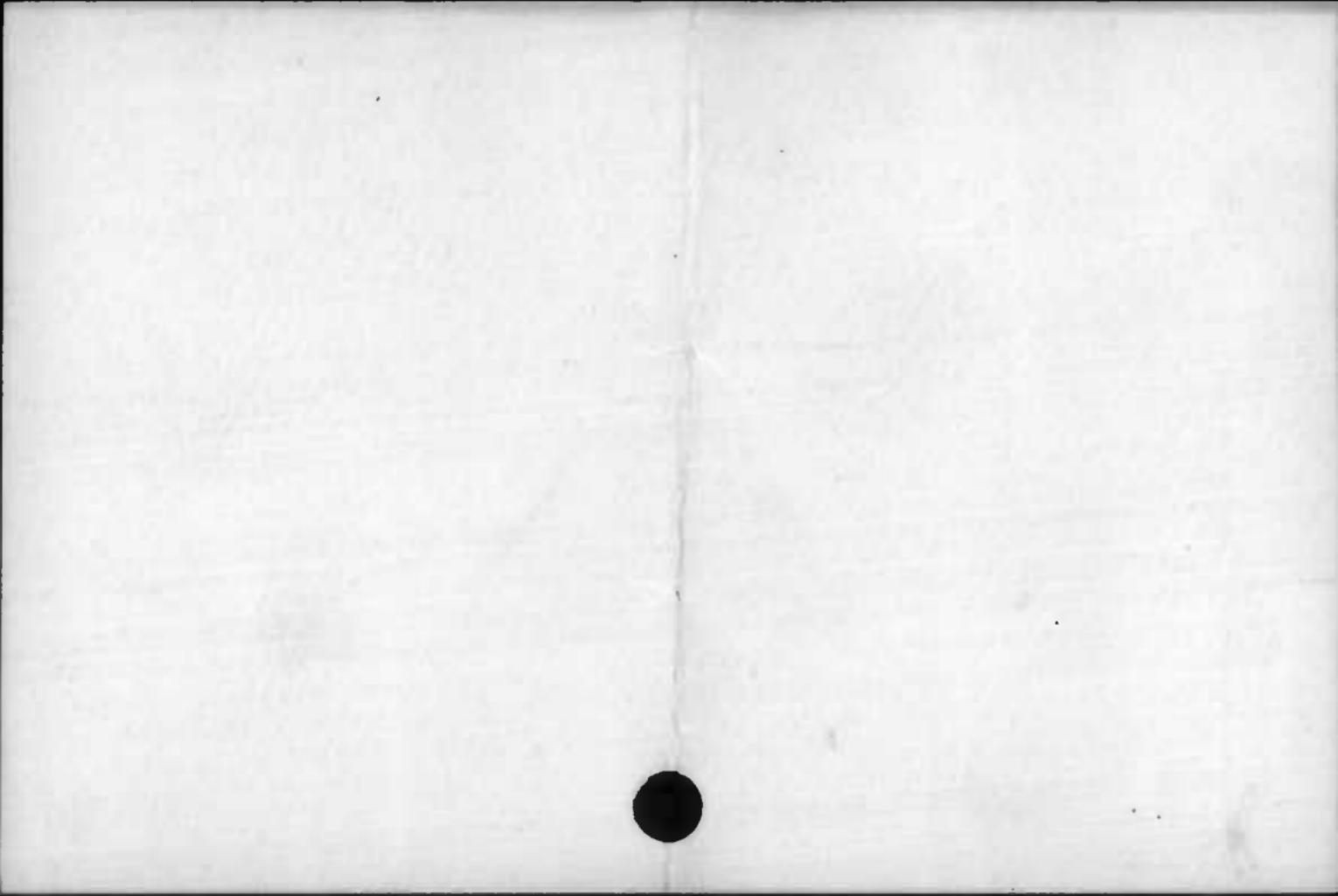
Yes

Signature of Physician

Address

B. H. Todd
Ridgerville
Md.

Accident or Suicide?



Name
in
Full

Olivia Ann Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND
Date of death 1909 Month 2 Day 14 Years 39 Months — Days —
Sex Female Color or Race Black Birthplace Frederick
Occupation Maid Where Residing if not at place of death Same
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Alexander Johnson Father's Birthplace Virginia
Mother's Maiden Name Mary E. Boone Mother's Birthplace F. Co. Md
Name of person giving Information Mary E. Johnson How related to deceased Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis

Immediate Anthrax

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. Johnson, M.D.

Frederick
Md

Accident or Suicide

~ ~ ~

Interment Feb 16- 1909
" at Greenmount Cemetery
Thomas P. Rice F.D.

Dr. B. O. Thomas

Dr McCusdy,

Name
in
Full

Sarah E. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick		County		MARYLAND	
Date of death 1909	Month 2	Day 25	Years 39	Months 11	Days 25
Sax Female	Color or Race	Black		Birthplace Frederick	
Occupation Housewife	Where Residing if not at place of death Same				
Married, Single or Widowed Married	Name of Wife or Husband Lewis Johnson	Father's Birthplace Frederick			
Father's Name Henry Lee	Mother's Birthplace				
Mother's Maiden Name Cecilia Nossis	" " "				
Name of person giving information Mrs Cecilia Lee.	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parenchymatous Nephritis Four months

Immediate

Asthma

How long

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. Thomas, M.D.

Frederick, Md

Accident or Suicide

Interment Feb 26- 1909
" at Laboring Sons Cemetery

Thomas P. Rice F. D.

Dr. B. O. Thomas

Dr. McCurdy

Edward W. Kessler				CERTIFICATE OF DEATH		
Died at Jefferson		Town	County Frederick		MARYLAND	
Date of death	1909	Month 2	Day 7	Years 63	Months	Days
Sex	Male	Color or Race	White		Birth-place	Near Jefferson
Occupation	Laborer		Where Residing if not at place of death			Jefferson
Married, Single or Widowed	Married	Name of Wife or Husband	Albenah Kessler		Father's Birthplace	Near Jefferson
Father's Name	Andrew Kessler					Mother's Birthplace
Mother's Maiden Name	Lavetta Garrison					How related to deceased
Name of person giving Information	P. C. Etchison					(66)

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Paralysis

Four days

Signature of Physician

Dr. H. Boller, Evans

Address

Jefferson Twp
Circus Co. Md

Accident or Suicide?



Name
in
Full

Raymond Edward Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
13 Brewster St	Brewster		Frederick		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1909	Feb.	10	17		5	28
Sex	Color or Race	Birth-place				
Male	White	Md				
Occupation	Where Residing if not at place of death					
Single	—					
Married, Single or Widowed	Name of Wife or Husband					
Single	—					
Father's Name	Wiford D. Kidwell			Father's Birthplace		Md
Mother's Maiden Name	Muriel E. Segaroff			Mother's Birthplace		Md
Name of person giving information	Wiford D. Kidwell			How related to deceased		Father

CAUSES OF DEATH

50

How long

1 gr

How long

several days

PHYSICIAN
OR CORONER

Primary

Diabetes

Immediate

Cachexia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Alvin West, Health Officer

Address

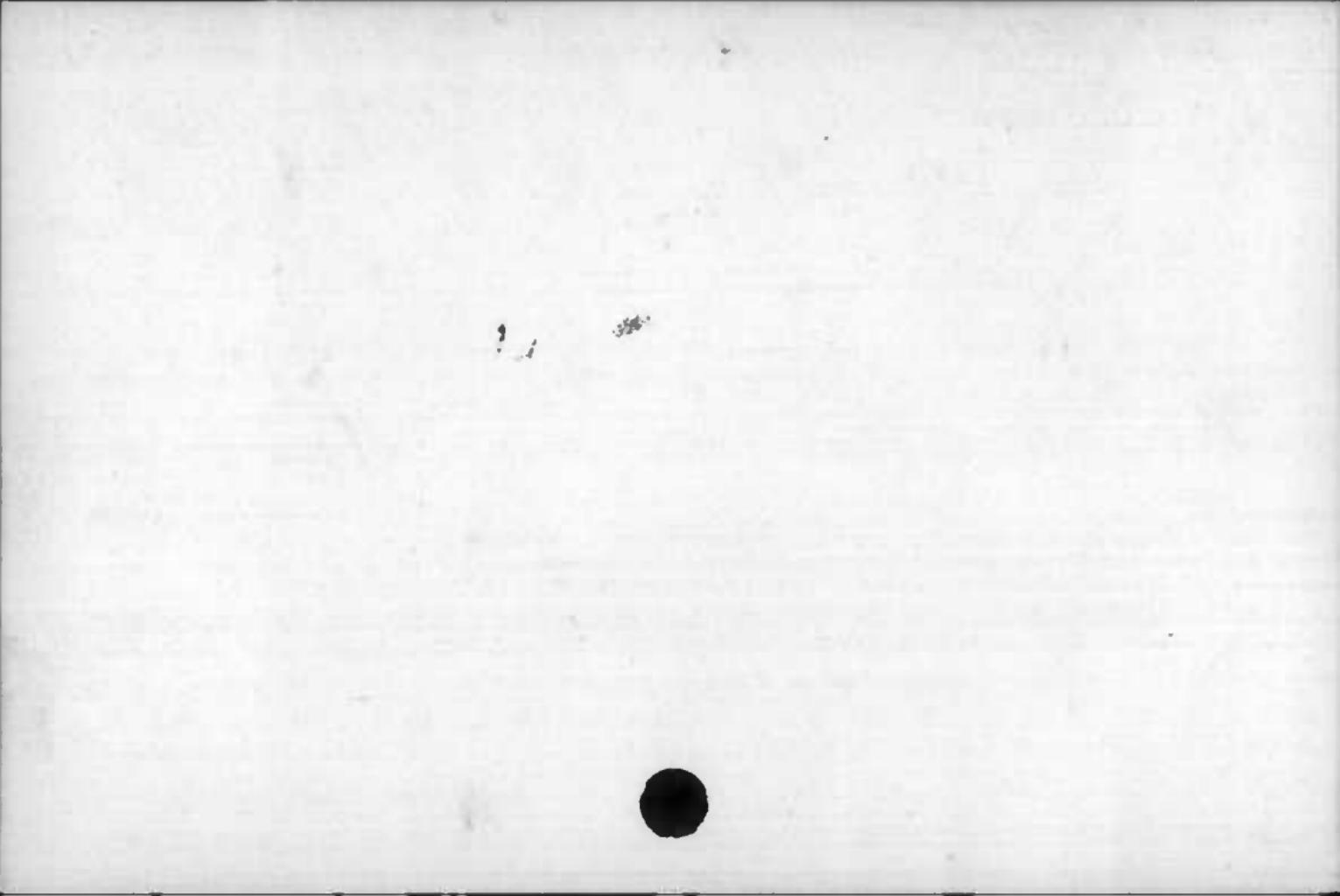
Brewster

Frederick Co

J

no physician in attendance
for 1 month before death

Accident or Suicide?



Name
in
Full

David Henry Koogler

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Baltimore Town

County Frederick

MARYLAND

Date of death 1909 Month Feb

Day 13

Age 80 Years

Months 11

Days 13

Sex Male

Color or Race

White

Birth-place Frederick Co Md

Occupation

Blacksmith

Where Residing if not
at place of death



Married, Single
or Widowed

Widower

Name of Wife or
Husband

Ann Catherine Koogler

Father's Name

David Koogler of 81

Father's Birthplace

Frederick Co

Mother's Maiden Name

Annie Filook

Mother's Birthplace

Frederick Co

Name of person giving
Information

Simon Koogler

How related
to deceased

Son

CAUSES OF DEATH

65

How long

Several years

How long

6 weeks

Primary

Softening of Brain

Immediate

Paralysis + exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E L Buckley

Address

Middletown

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John Andrew Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		State	
Frederick		Frederick		MARYLAND	
Diadet	Month	Day	Years	Months	Days
1909	2	31	77	11	17
Sex	Color or Race	Where Residing if not at place of death			
Male	White	Frederick Same			
Occupation	Carpenter				
Married, Singla or Widowed	Name of Wife or Husband				
Single	John A. Lambert				
Father's Name	Frederick				
Mother's Maiden Name	Harriet Shevill				
Name of person giving information	Mary E. Bartgis				
How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

artero-sclrosis

64

How long

Immediate

Cerebral Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. H. H. Hedges
Frederick

Accident or Suicide

Interment Feb 23, 1909
" at Mt Olivet Cemetery
Thomas P. Rice F.A.

Dr Hedges

Dr McCurdy

Name
in
Full

Susan Abigail Marker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Feb	Day 9	Years 2	Months 2	Days 21	
Sex	Female		Color or Race	white		Birth-place	Wolfsville Md
Married, Single or Widowed	Child		Occupation				
Name of Wife or Husband							
Father's Name	James Marker		Father's Birthplace		Wolfsville Md		
Mother's Maiden Name	George A Poyar		Mother's Birthplace		Wolfsville Md		
Name of person giving information	James Marker		How related to deceased		Father		

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	5 months
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

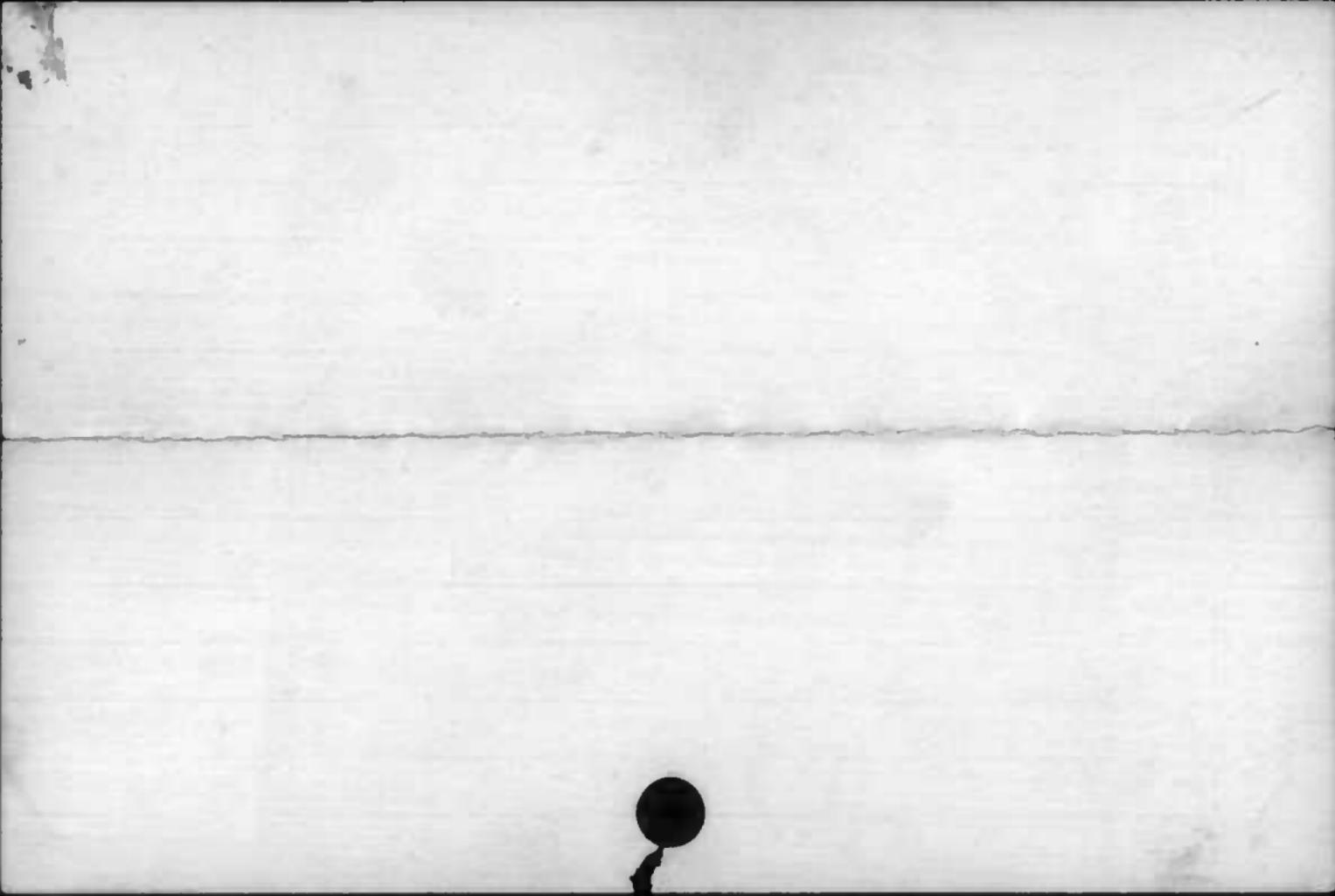
yes

Signature of Physician

W. A. Barnes

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frances Moses

Town

County

MARYLAND

Died at Mountain Hospital

Frederick

Month

Day

Years

Month

Days

Date
of death 1909

2

26

Age

84

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co,

Occupation

Pauper. Insane

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Names of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hospital records.

How related
to deceased

CAUSES OF DEATH

154

How long

Primary

Senility

2 yr

Immediate

Exhaustion

2 mo

Are the name, age, sex, color, date
and place correctly given above?

yes.

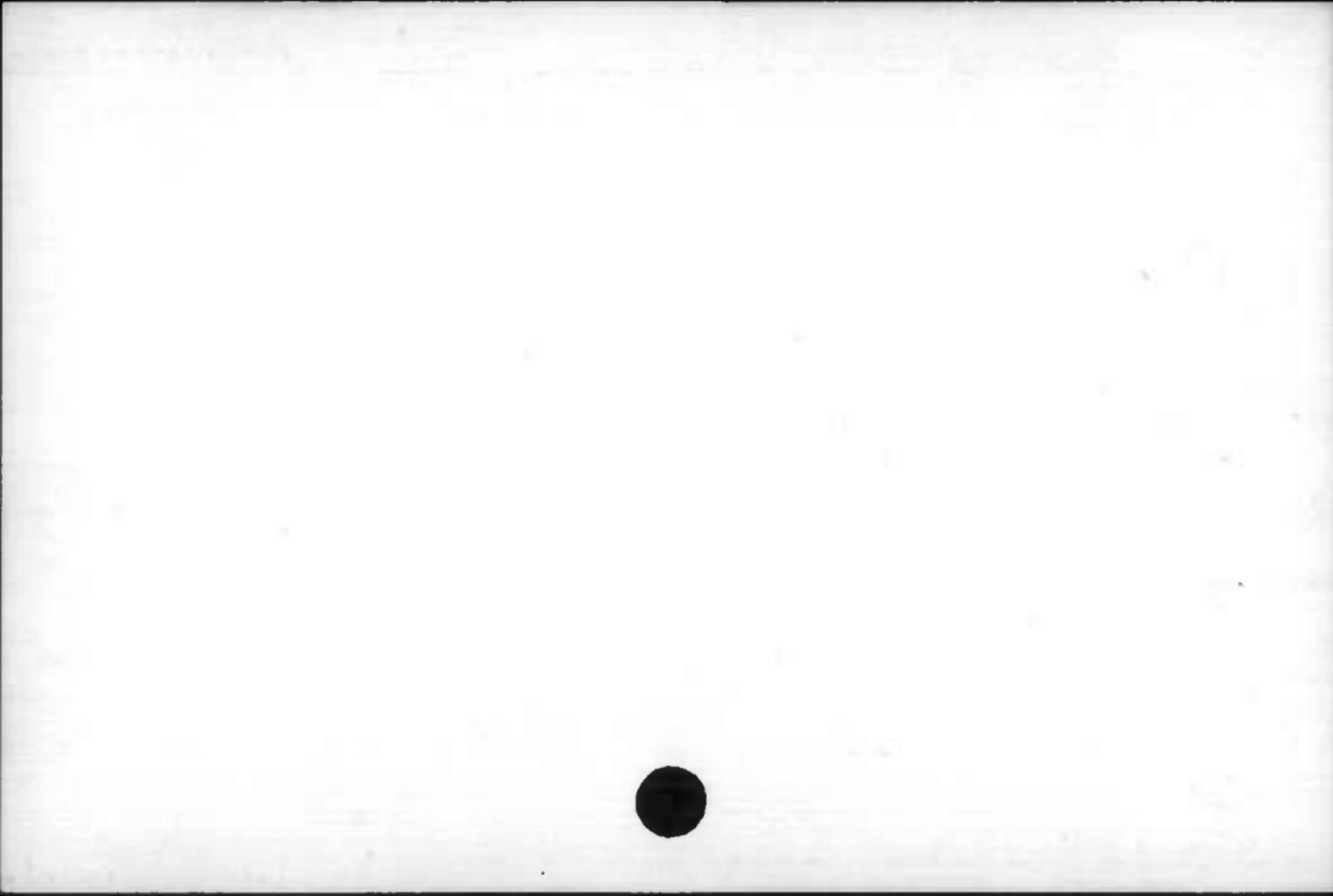
Signature of
Physician

Address

R. S. Lyons,
Frederick,
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Albert L. Motley No. 4

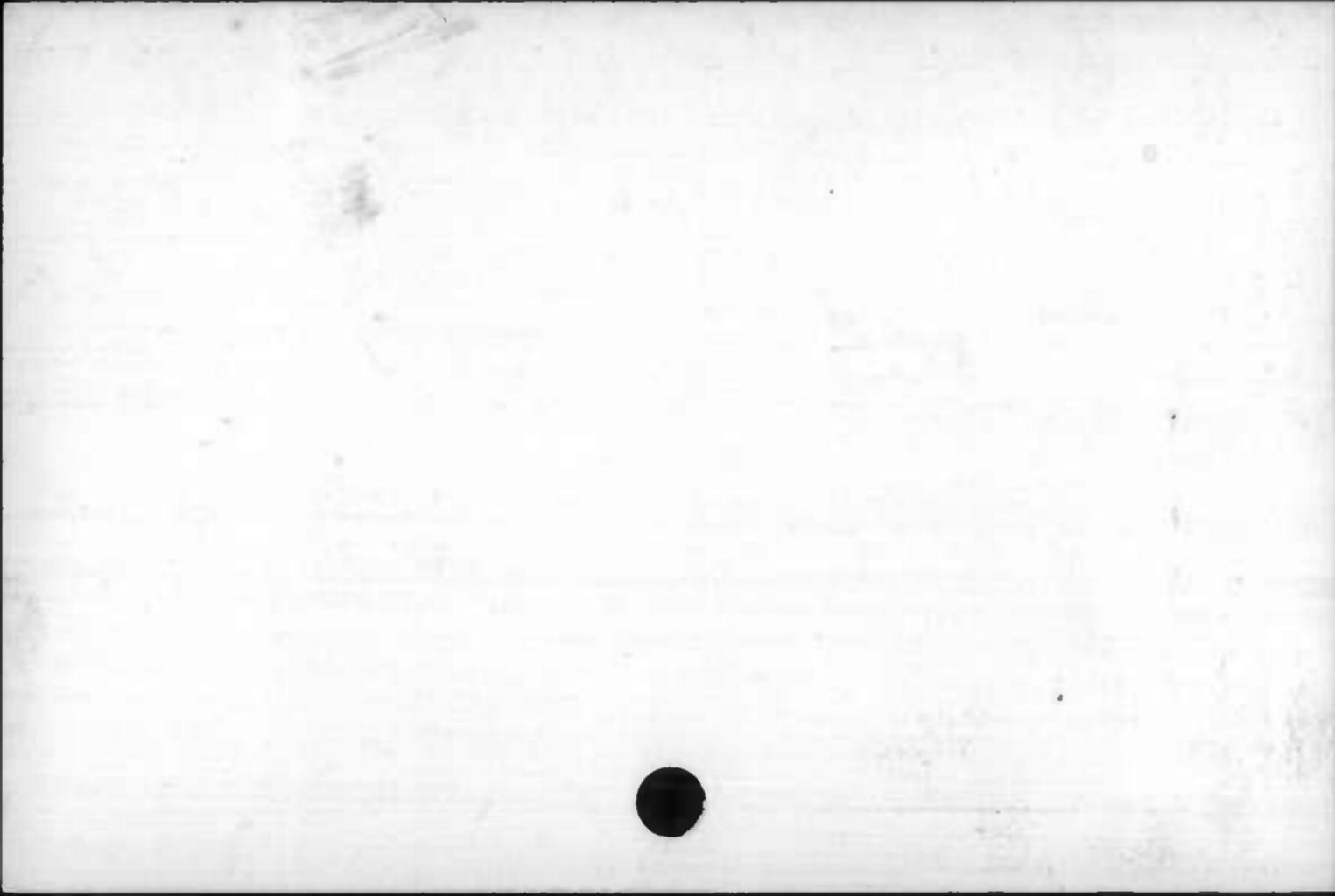
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Plane No. 4		Town Federick		County Federick		MARYLAND	
Date of death 1909	Month 2	Day 6	Age 21	Years 21	Months 4	Days 20	
Sex male	Color or Race white	Birth-place Fred. Co. Md					
Occupation none	Where Residing if not at place of death —						
Married, Single or Widowed single	Name of Wife or Husband —						
Father's Name C. William Motley	Father's Birthplace Fred. Co. Md						
Mother's Maiden Name Suella Anderson	Mother's Birthplace Pennsylvania						
Name of person giving Information C. William Motley	How related to deceased Father						

CAUSES OF DEATH

Primary Pulmonary Tuberculosis	27	How long 2 years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>g</i>	yes	Signature of Physician H. H. Hopkins M. D
		Address New Market
Accident or Suicide? no		Fred. Co., Md



Name
in
Full

Unnamed Murphy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Frederick	Frederick					
Date of death	1909	Month Feb	Day 26	Years	Months 2	Days 4	
Sex	Male	Color or Race	White	Birth-place	Frederick md.		
Occupation				Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Wm. J. Murphy			Father's Birthplace	Frederick Co. md		
Mother's Maiden Name	Nettie Haller			Mother's Birthplace	Frederick Co. md		
Name of person giving information	Nettie Haller			How related to deceased	Mother		

CAUSES OF DEATH

90

How long

5 days

How long

12 hours

PHYSICIAN
OR CORONER

Primary Capillary Bronchitis

Immediate Cardiac failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

LaBruek md

Address

28 E Church st

Frederick md

8

Accident or Suicide?

Neither



Name
in
Full

Edward P. Murray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	Feby	7	63
Sex	male	Color or Race	white
Occupation	Painter		
Where Residing if not at place of death	Resides at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Anna Murdoch
Father's Name	James Murray		
Mother's Maiden Name	not obtainable		
Name of person giving information	Annie Murray		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary Pernicious Anaemia

How long
6 months

Immediate Exhaustion

How long
2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

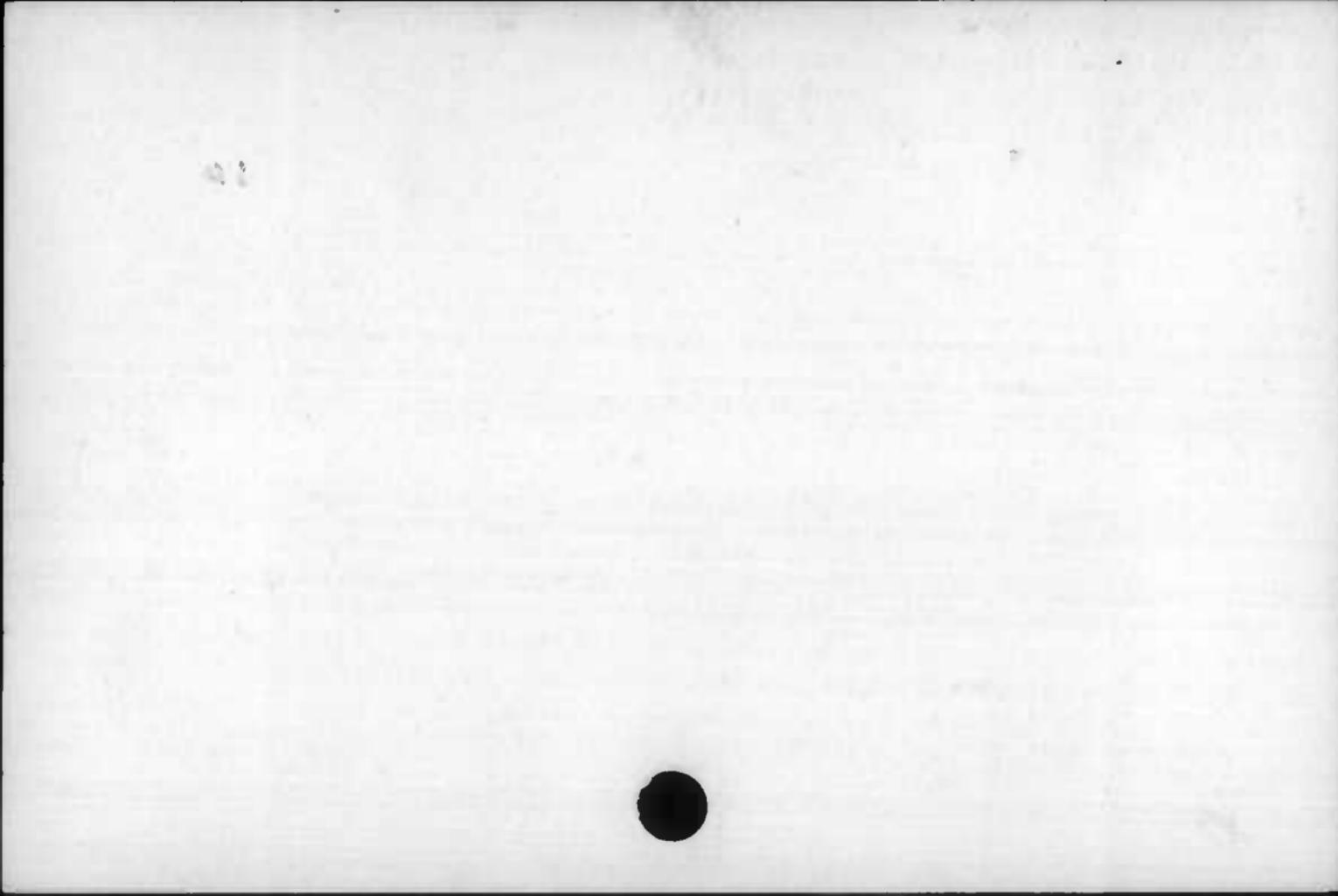
Address

Taburek M.D.

236. Church St
Frederick Md

Accident or Suicide?

Neither



Name
in
Full

Barbara Ann Nicodemus

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buckeystown</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>3</u>	Years <u>92</u>	Months <u>"</u>	Days <u>6</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Birthplace <u>Ned</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Same</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Augustus W. Nicodemus</u>					
Father's Name <u>John Toulton</u>	Father's Birthplace <u>Ned</u>					
Mother's Maiden Name <u>Willhise</u>	Mother's Birthplace <u>Ned</u>					
Name of person giving information <u>A. W. Nicodemus</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

53

How long

2 yr -

How long

PHYSICIAN
OR CORONER

Primary

Leukemia

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

T. Clyde Routsong
Buckeystown

Accident or Suicide? —



Name
in
Full

Barbara Ann Muse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Brunswick		Frederick			
Date of death	Month	Day	Years	Months	Days	
1909	Feb	13	84	-		
Sex	Female	Color or Race	white	Birth-place	$\checkmark \frac{1}{4}$	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband		Joz Muse		
Father's Name	Wm Beagant			$\checkmark \frac{1}{4}$		
Mother's Maiden Name	Betsy			$\checkmark \frac{1}{4}$		
Name of person giving information						How related

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Old age

How long

Are the name, age, sex, color, date and place correctly given above?

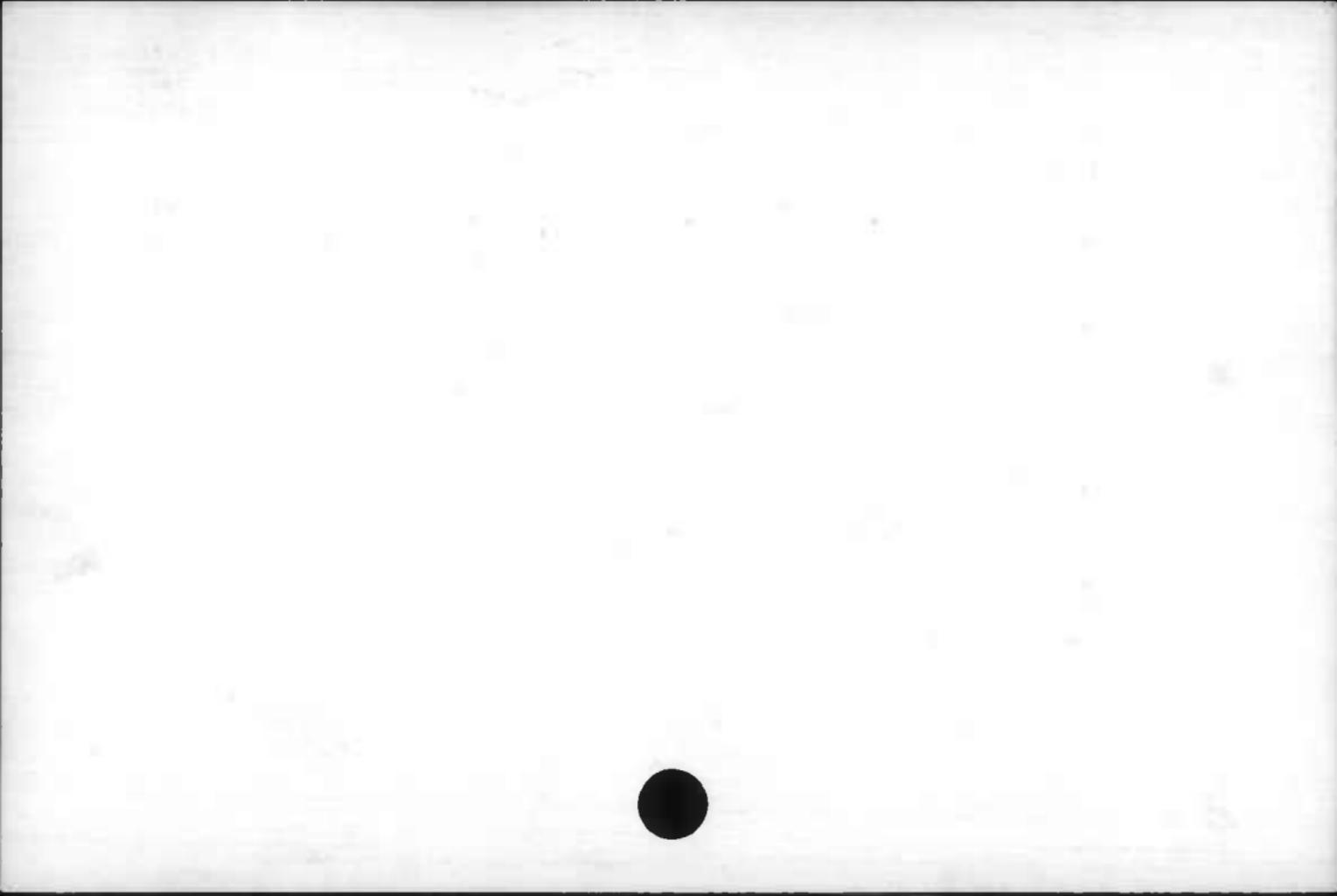
yes

Signature of Physician

Address

Levin West
Brunswick,
Md., U.S.A.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name John W. Page		Town Frederick	County Frederick	MARYLAND		
Died at	Month 2	Day 14	Year Age 56	Months	Days	
Date of death 1909	Color or Race Male	Black	Birth- place Virginia			
Occupation None	Where Residing if not at place of death Frederick					
Married, Single or Widowed Married	Name of Wife or Husband Rachel Butler	Father's Name John Page	Father's Birthplace Virginia			
Mother's Maiden Name Unknown	Mother's Birthplace Virginia					
Name of person giving Information Rachel Page	How related to deceased Wife					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paraplegia

How long

Several years

Immediate

General Exhaustion

How long

Several months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. G. Bourne, M.D.

Address

Frederick, Md.

Accident or Suicide

~ ~ ~

Name
in
Full

Mrs. Edith B. Purdum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} City Hospital Frederick				County	MARYLAND	
Date of death	Month	Day	Years		Months	Days
1909	Feby	15	Age 30		6	17
Sex	Female	Color or Race	White	Birth-place	Mt. Airy	
Occupation	N.W.	Where Residing if not at place of death			Near New Market	
Married, Single or Widowed	Married	Name of Wife or Husband	W.W. Purdum			
Father's Name	Wm H. Purdum	Father's Birthplace	Mt. Airy			
Mother's Maiden Name	Emily Vassant	Mother's Birthplace	Liberty and Husband			
Name of person giving Information	W. W. Purdum	How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Affectionate

118

How long

5 days

Immediate

Peritonitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

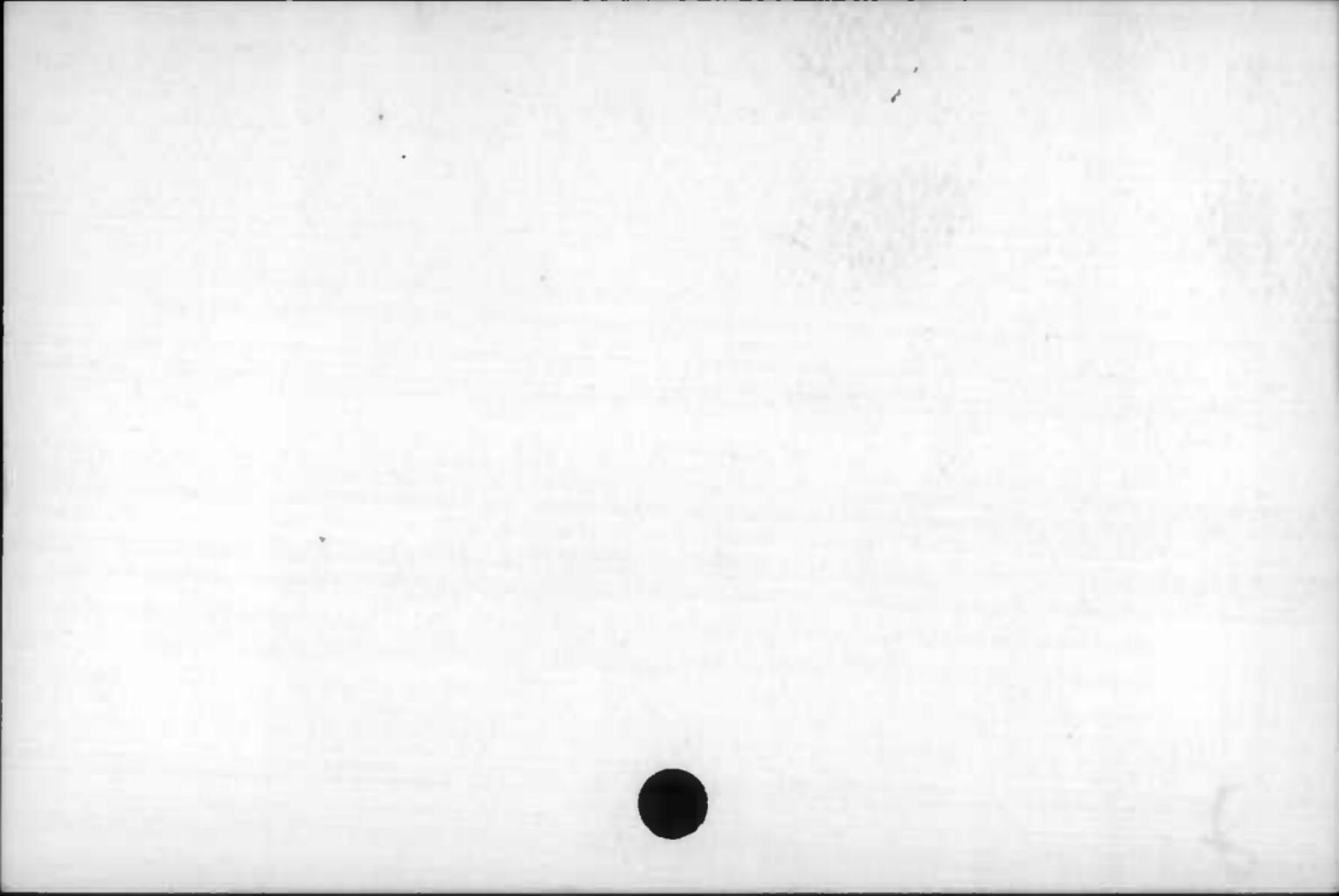
Address

T.B. Johnson.

Frederick, Md.

J

Accident or Suicide?



Name
in
Full

Staley Remmaburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Walkersville		Frederick			
Date of death 1909	Feb	Month	Day	Years	Months	Days
			24	one week		
Age		Color or Race	white	Birth-place	Walkersville	
Sex	Male					
Married, Single or Widowed	<input checked="" type="checkbox"/>		Occupation			
Name of Wife or Husband	<input checked="" type="checkbox"/>					
Father's Name	Charles M. Remmaburg			Father's Birthplace	Lewistown, Md.	
Mother's Maiden Name	Lillie Staley			Mother's Birthplace	Yellow Springs, Md.	
Name of person giving information	D. J. Nicodemus			How related to deceased	In no wise	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

How long

weak

Immediate

Convulsions

How long

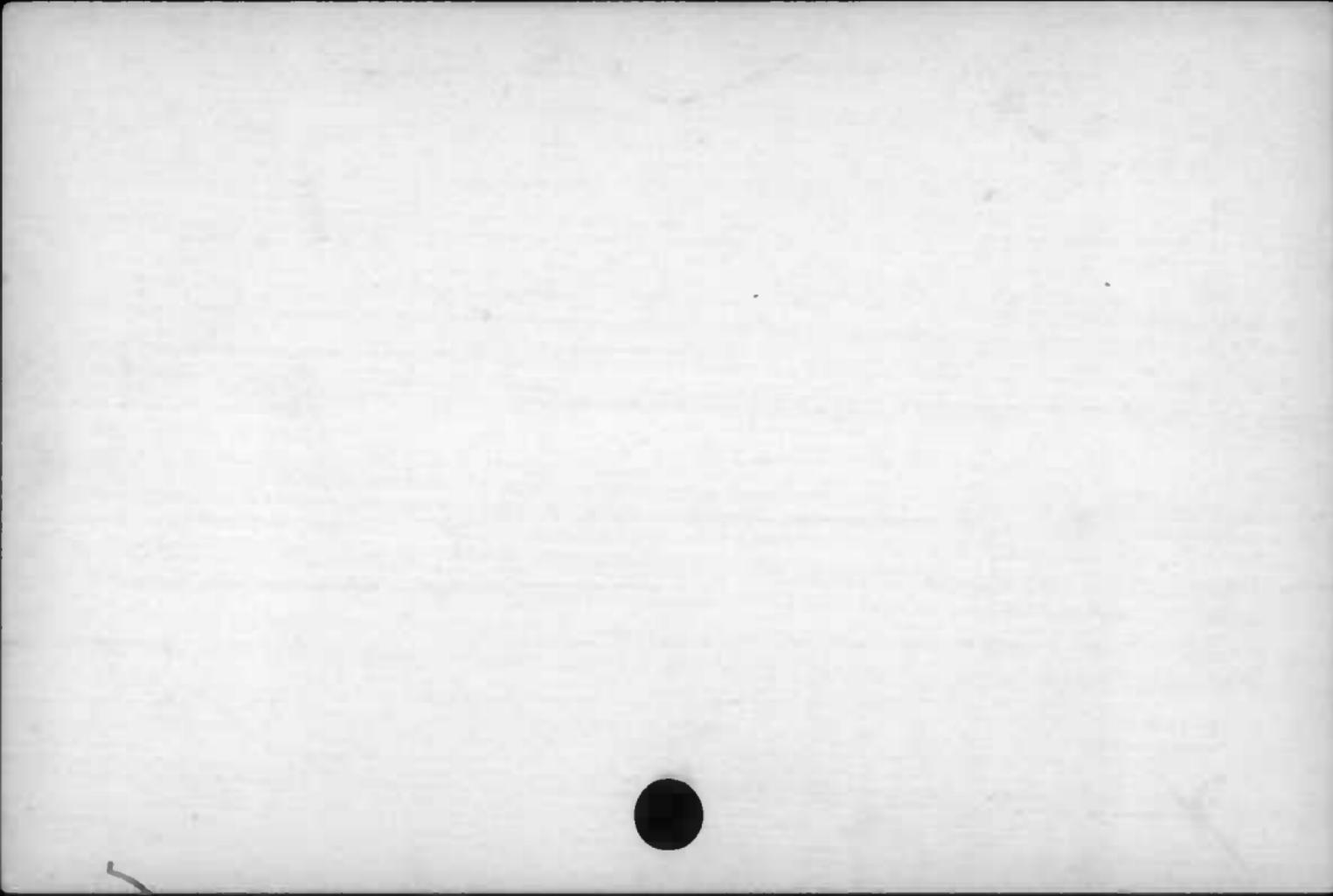
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. J. Nicodemus
Walkersville, Md.

Accident or Suicide?



Name
in
Full

Margaret N. Reid

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Frederick City	Frederick					
Date of death 1909	Month Feb	Day 15	Years	Age 56	Months 4	Days
Sex Female	Color or Race White	Birth-place Carroll Co Md				
Occupation House Wife	Where Residing if not at place of death Taneytown Md					
Married, Single or Widowed married	Name of Wife or Husband Bevial Reid					
Father's Name Maria Keltersbridge	Father's Birthplace Carroll Co Md					
Mother's Maiden Name Mary E. Hollenberry	Mother's Birthplace Carroll Co Md					
Name of person giving Information S. L. Reid	How related to deceased Husband					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

113

Primary Cholelithiasis with hepatic colic 32 days.
Immediate Shock following surgical operation 5½ hours.
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. M. Benner, M.D.
Address Taneytown, Md.

Accident or Suicide

Name
in
Full

Hellen Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Feb	Day 12	Years	Month	Day
Sex	Female	Color or Race	Age 35		Birthplace	
Occupation	Domestic		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Aukewow		Father's Birthplace			
Mother's Maiden Name	Aukewow		Mother's Birthplace			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

56

Primary

Alcoholism

for 10 hrs.

Immediate

Cardiac Exhaustion

How long (?)

Are the name, age, sex, color, date and place correctly given above?

As near

Signature of Physician

M. G. Bourne.

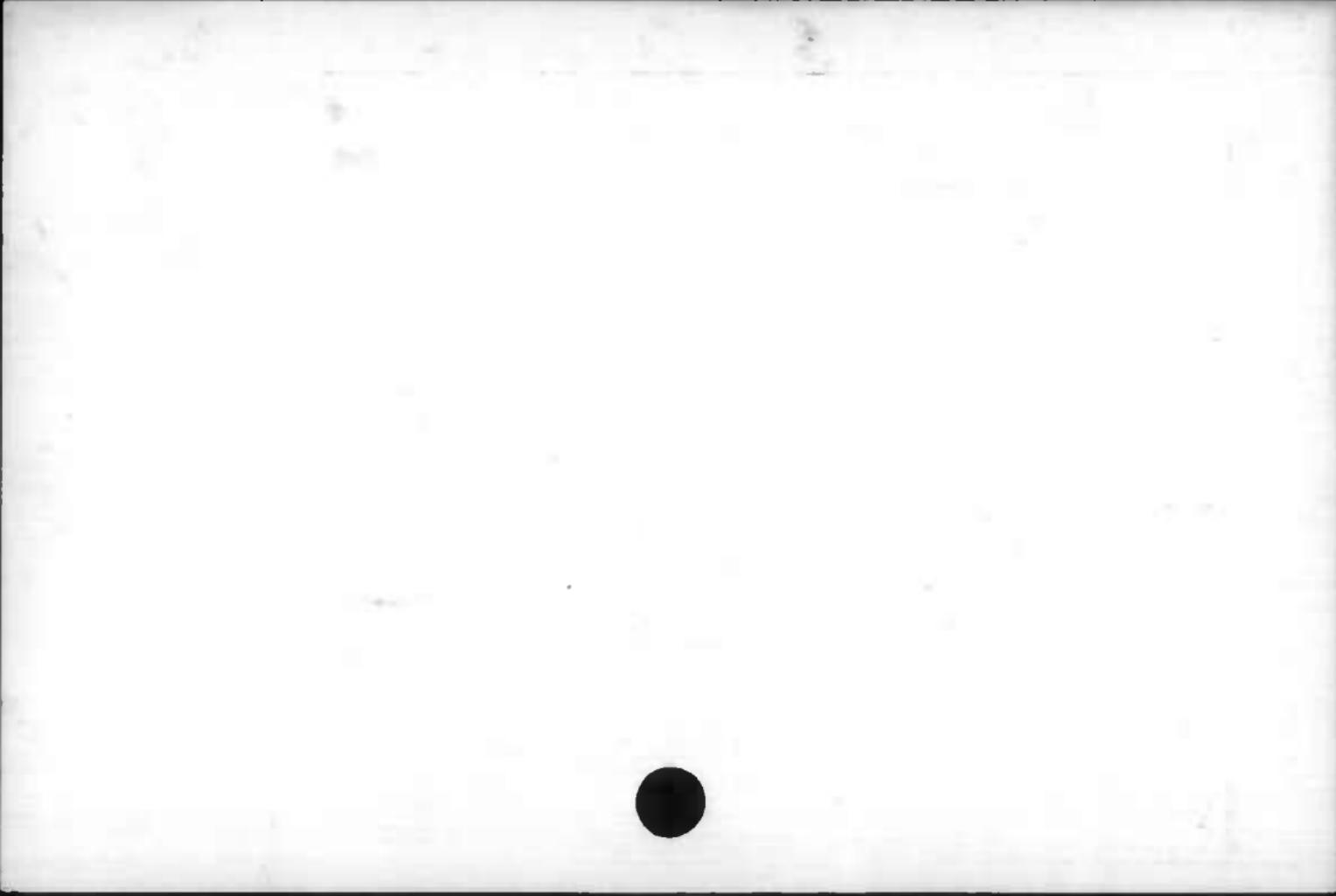
as could be ascertained

Address

Frederick, Md

Accident or Suicide

Neither



Name
in
Full

William J. Rickter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Feb	Day 15	Years 36	Month	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Brakeman			Where Residing if not at place of death	Frederick	
Married, Single or Widowed	Married	Name of Wife or Husband	Isadora Rector			
Father's Name	Samuel J. Rector			Father's Birthplace		
Mother's Maiden Name	Catherine Cox			Mother's Birthplace	Md.	
Name of person giving Information	C.S. Woodcock			How related to deceased	Cousin	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

12 hr

Immediate

Obesity

How long

12 "

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

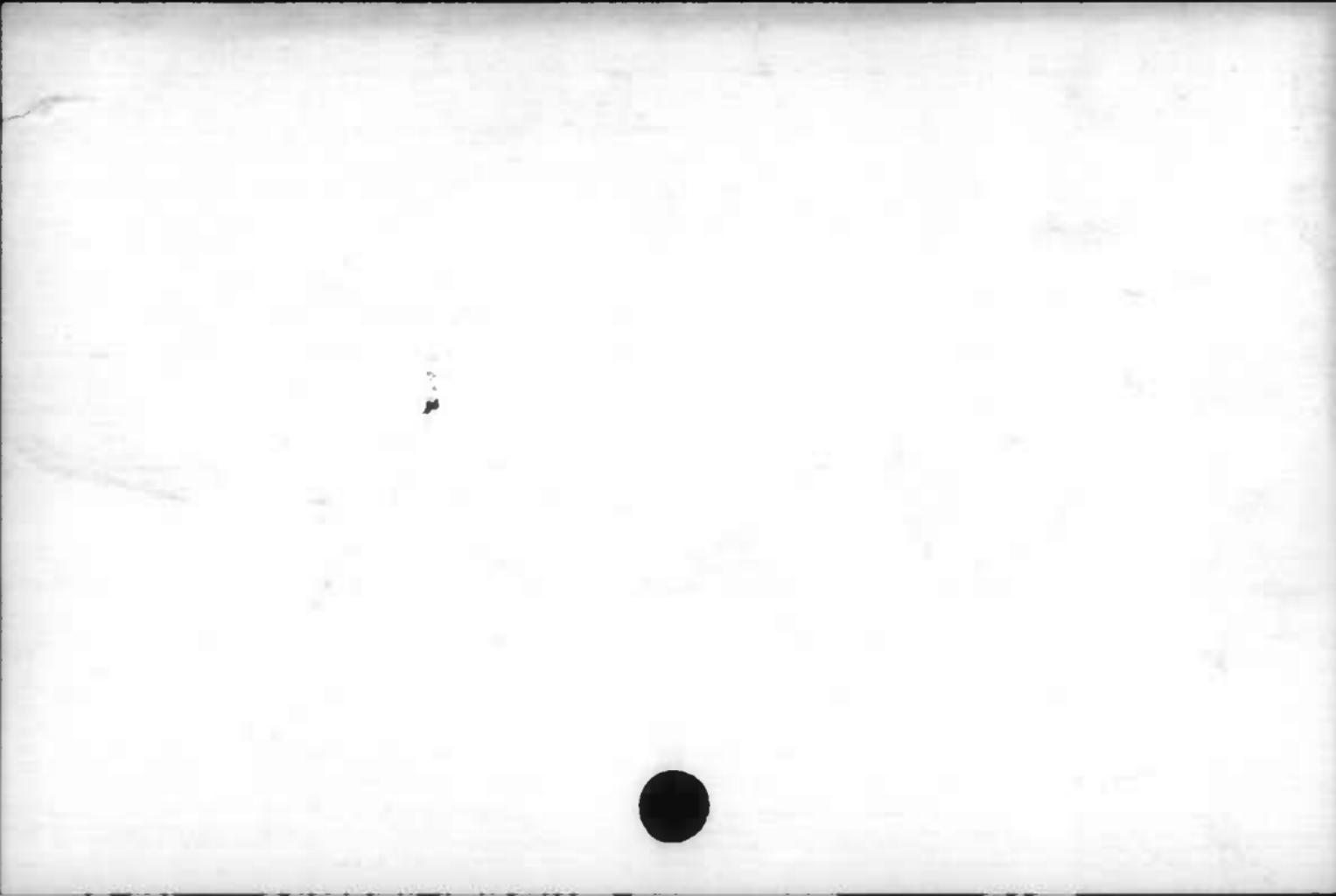
Address

Altonier

Accident or Suicide

120

Baltimore
Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rida B. Runkles.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month 2	Day 14	Years 31	Months 1	Days X
Sex	Female	Color or Race	White	Birth-place	Frederick Co.	
Occupation	H-wife	Where Residing if not at place of death X				
Married, S. or W.		Name of Wife or Husband	Walter G. Runkles.			
Father's Name	Brook Baytree		Father's Birthplace	Frederick Co.		
Mother's Maiden Name	Anna J. Spurier		Mother's Birthplace	Carroll Co.		
Name of person giving information	Brook Baytree		How related to deceased	Father		

CAUSES OF DEATH

27

How long

5 yrs.

How long

6 mon.

Primary

Tuberculosis

Immediate

Nephritis

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

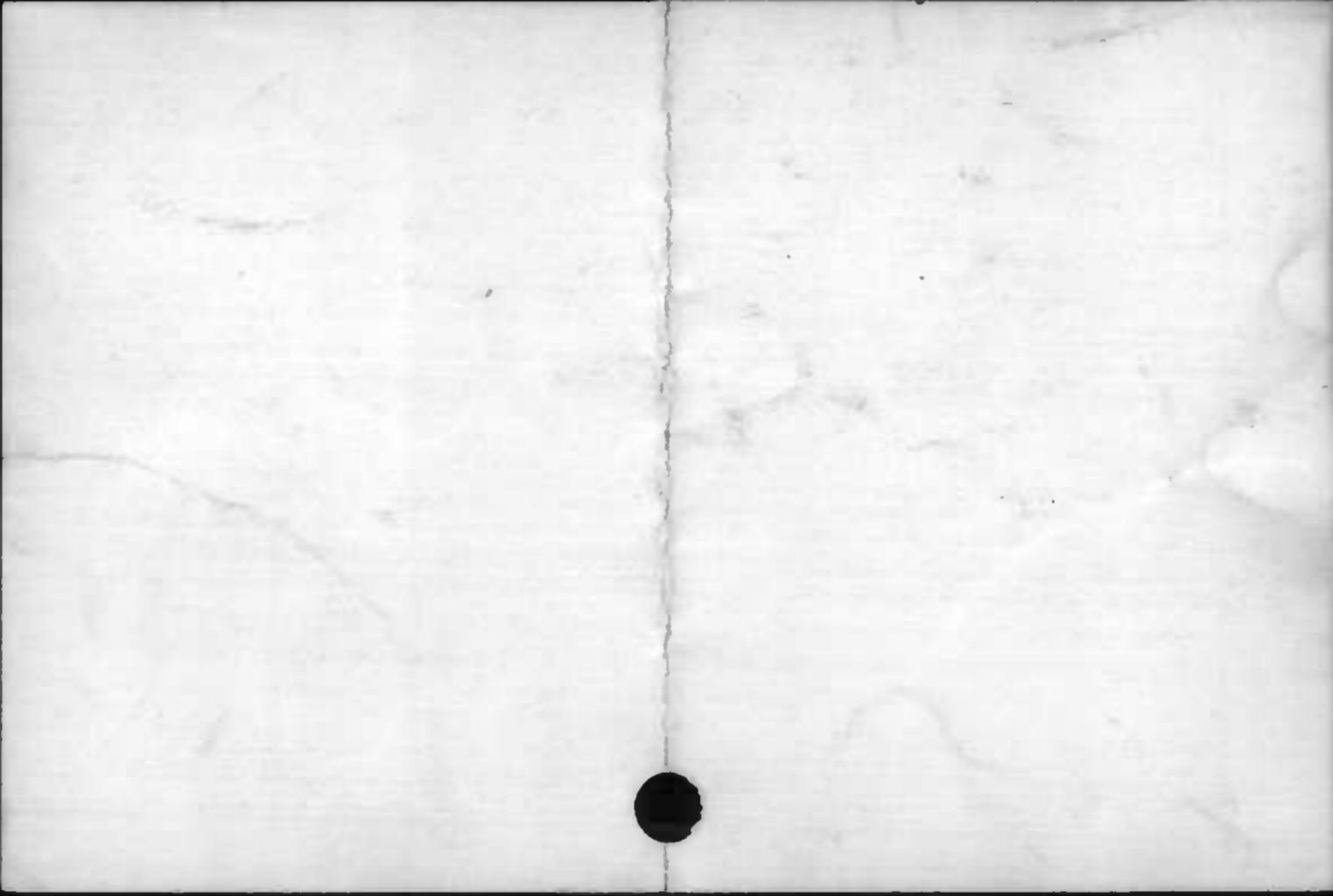
Franklin Buchanan, M.D.

Address

Frederick, Md.

8

Accident or Suicide? X



Name
in
Full

Elyz Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Mountaintop Frederick			County	MARYLAND	
Date of death	Month	Day	Year	Months	Days	
1909	2	19	Age 28	x	x	
Sax	Femal	Color or Raca	Colored	Birth-place	Mid	
Occupation	Domestic					
Married, Single or Widowed	Where Residing if not at place of death					
Father's Name	Hudson					
Mother's Maiden Name	Hudson					
Name of person giving Information	Nat Posey					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Mania

Immediate

Apoplexy

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

64

How long

203 years

How long

200 days

Accident or Suicide

Name
in
Full

Sarah Ann Rebecca Saylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Johnsville

County

Frederick

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Feb

9

72

6

6

Sex

Female

Color or
Race

White

Birth-
place

Brugerstown Md

Occupation

Helper to Housewife

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Sonior P. Saylor

Father's
Name

David Myers.

Father's
Birthplace

Carroll Co Md

Mother's
Maiden Name

Elizabeth Miller

Mother's
Birthplace

Carroll Co Md

Name of person giving
Information

William D. Myers.

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Pleuritis and Cardiac Dropsey

How long

3 weeks -

Immediate

Heart failure

How long

10 hrs -

Are the name, age, sex, color, date
and place correctly given above?

Yes

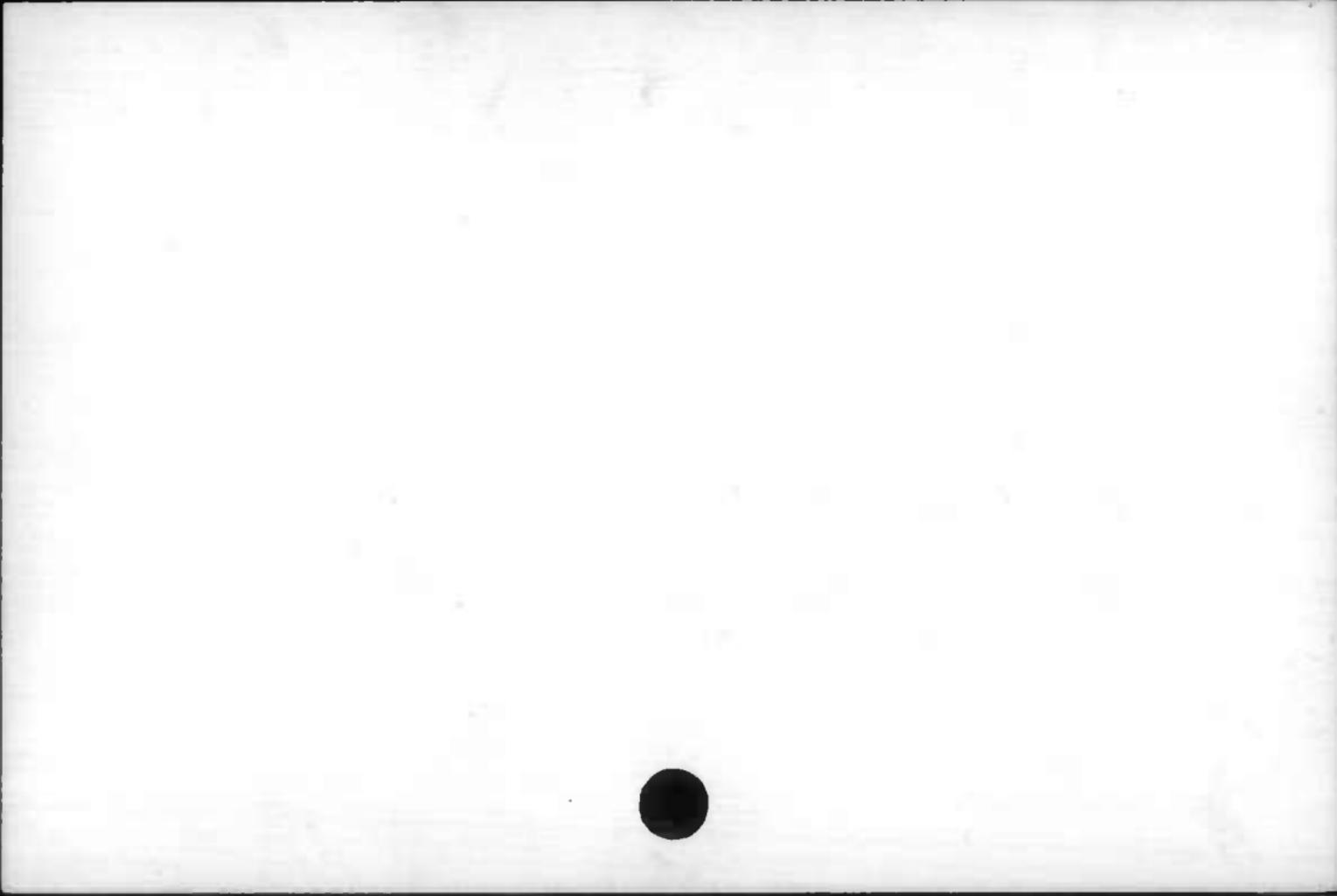
Signature of
Physician

Address

James Watt
Union Bridge
Md.

X

Accident or Suicide



Catherine R. Shank

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Died at	Walkersville		Frederick		
Date of death 1909	Month	Day	Age	Months	Days
	Feb.	5th.	65	9	15
Sex	Female	Color or Race	White	Birth-place	Frederick, Md.
Married, Single or Widowed	Married		Occupation	House Wife	
Name of Wife or Husband	John St. Shank				
Father's Name	John Hardy		Father's Birthplace	Frederick, Co. Md.	
Mother's Maiden Name	Rebecca Houtzapple		Mother's Birthplace	Frederick, Co. Md.	
Name of person giving information	John St. Shank (Husband)		How related to deceased	Husband	

CAUSES OF DEATH

154

Primary

General Debility

How long

Two years

Immediate

Heart Failure

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

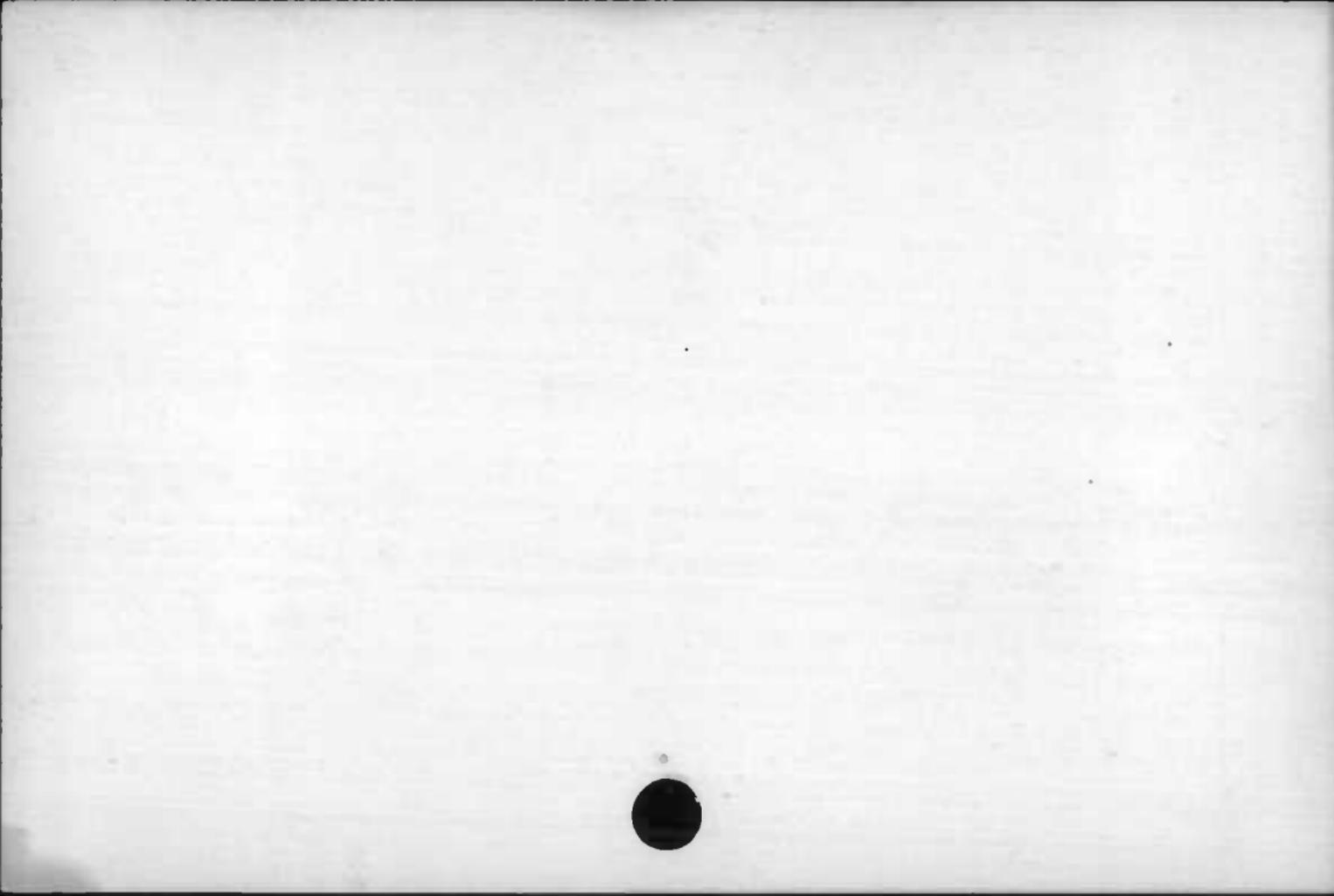
John J. Remsing

Walkersville

Frederick, Md.

Accident or Suicide?

neither



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Albertine Dorsey Shook

CERTIFICATE OF DEATH

Year

Town

County

MARYLAND

Died at Buckeystown

Frederick

MARYLAND

Month

Day

Years

Month

Days

Date
of death 1909

2

16

Age

7

23

Sex Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William E. Shook

Father's
Birthplace

Frederick Md

Mother's
Maiden Name

Evie A. Zimmerman

Mother's
Birthplace

" " "

Name of person giving
Information

W E Shook

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

10 days.

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

O O Conley
Adamsburg
Md

Accident or Suicide

Interment Feb 17 - 1909
" at Freagerville, St Lukes Cemetery

Thomas P. Rice F.D.

Name
in
Full

Ralph Millard Sprague

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Near Johnsville		Frederick			
Date of death	1909	Month Feb	Day 4 th	Years —	Months 5	Days 13
Sex	Male	Color or Race	White	Birth-place	Frederick Co	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Samuel Sprague			Father's Birthplace	Penn.	
Mother's Maiden Name	Agnes Marker			Mother's Birthplace	Frederick Co	
Name of person giving information	Ralph Sprague			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis

8

How long

2 1/2 weeks

Immediate

Convulsions

How long

1/2 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

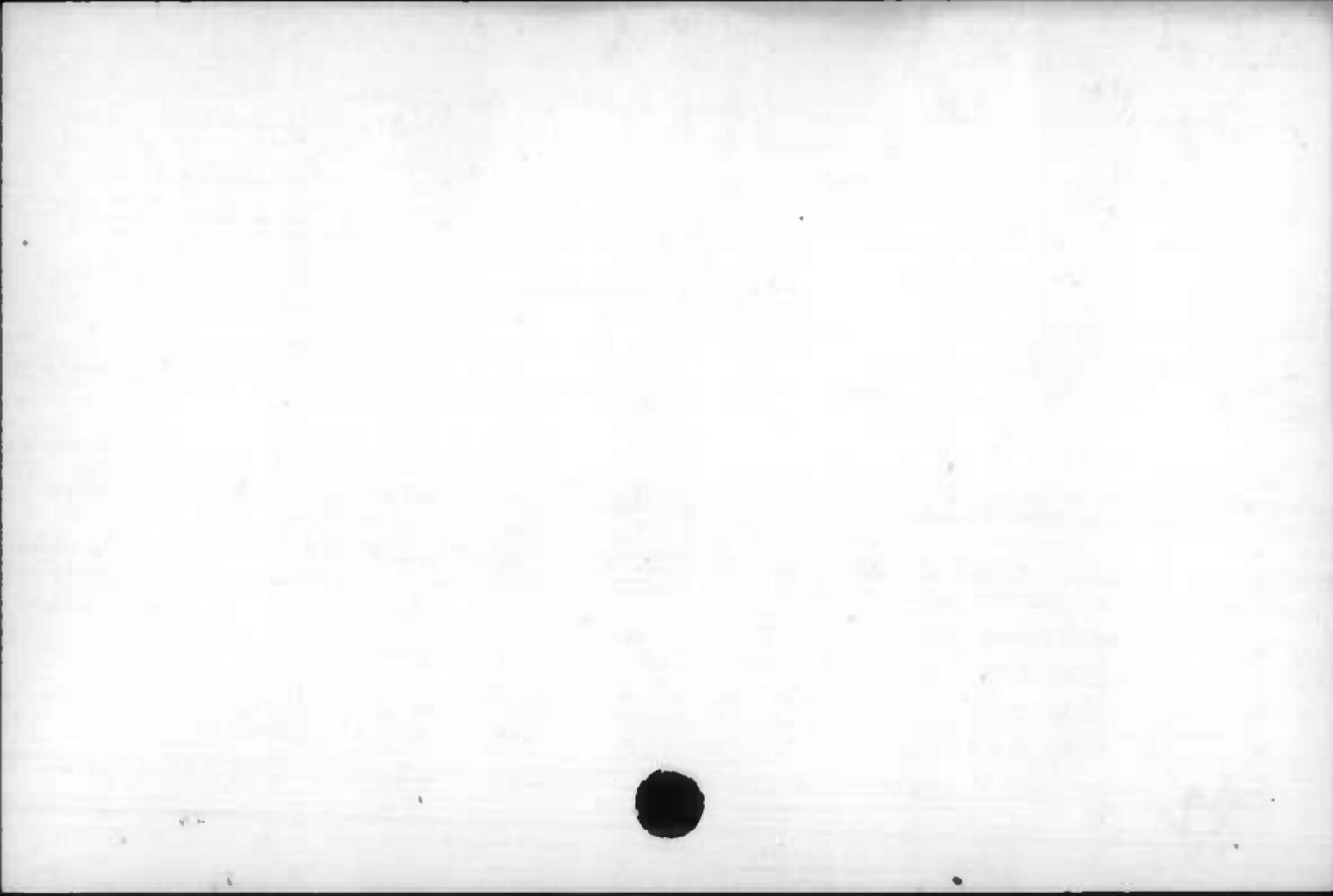
Address

Otis B. Howe

Liberty Tower
Mid.

8

Accident or Suicide?



Name
in
Full

Cora Virginia Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at
Fredericks

Town

County

MARYLAND

Date
of death 1909 Month 2 Day 24

Years
Age 33

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Frederick Co. Md

Occupation

House Wife

Where residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Bernard S. Thomas

Father's
Birthplace

Maryland

Father's
Name

William H. Moose

Mother's
Maiden Name

Mary Schwartz

Mother's
Birthplace

Name of person giving
Information

B. S. Thomas

How related
to deceased

Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Chloroform Narcosis for Delivery

174

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. B. Johnson

Address

Frederick Md.

Accident or Suicide

over

Interment Feb 26 - 1909

" at Mt. Olivet Cemetery

Thomas P. Rice F.A.

Dr. T. B. Johnson

Dr. Mc Gurdy.

Name
in
Full

William Thomas Thompson

No. 5
CERTIFICATE OF DEATH

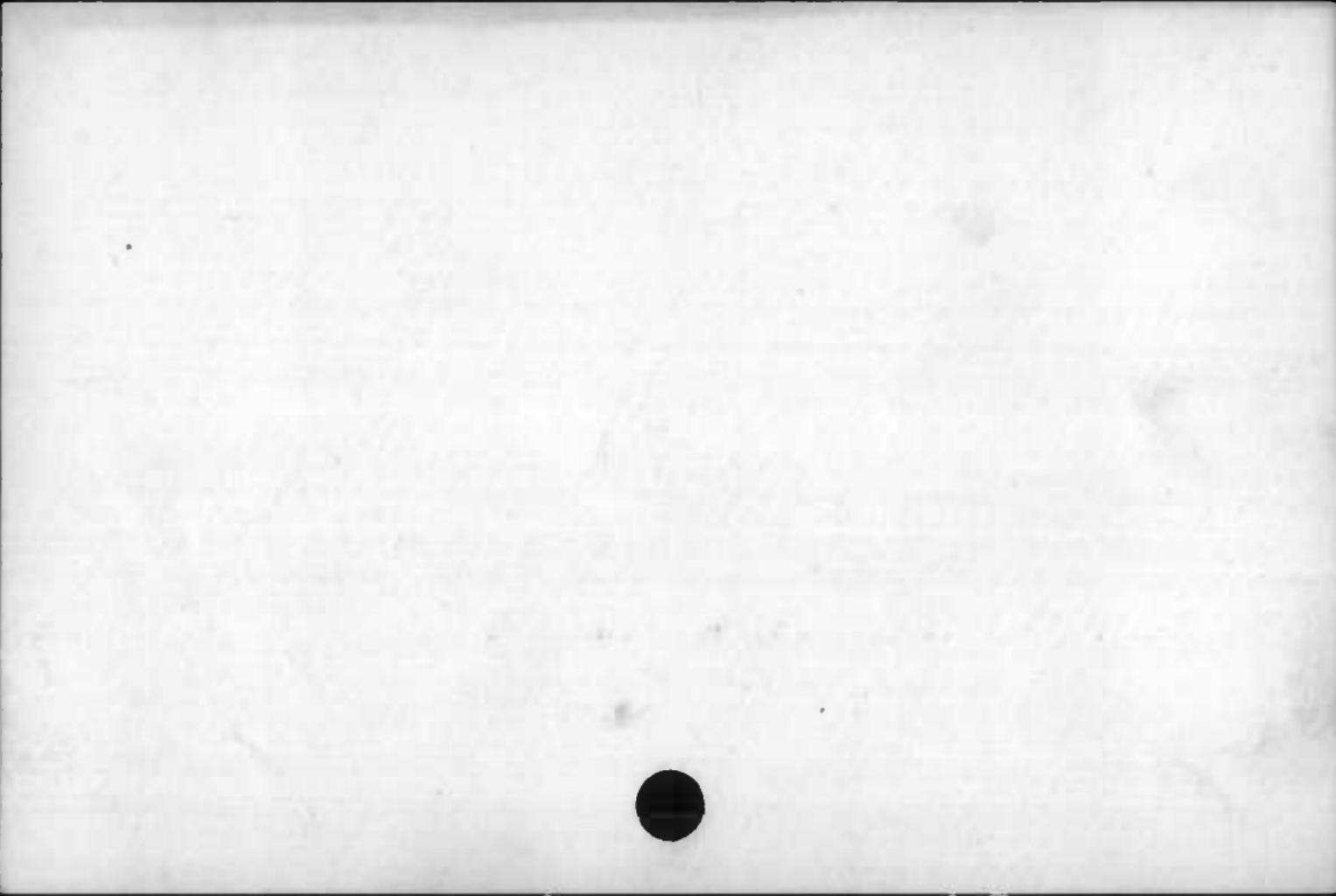
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Monrovia</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb</u>	Day <u>22</u>	Years <u>75</u>	Age	Months <u>6</u>	Days <u>6</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Frances Cork</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Frances Cork</u>					
Father's Name <u>Frederick Thompson</u>	Father's Birthplace <u>Maryland.</u>					
Mother's Maiden Name <u>Elijah Stephen</u>	Mother's Birthplace <u>Maryland.</u>					
Name of person giving information <u>Frances Thompson</u>	How related to deceased <u>widow</u>					
CAUSES OF DEATH						
Primary <u>Aortic regurgitation</u>	79					
Immediate <u></u>	How long <u>unknown</u>					
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. G. G. Gandy</u>	How long <u>suddenly</u>				

Accident or Suicide?

Address Kempflein



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ralph Elmer Tylmire

CERTIFICATE OF DEATH

MARYLAND

Died at Dear Leagaville Town Frederick County
Date of death 1909 Month 2 Day 8 Year 6 Months 2 Days 3

Sex Male Color or Race White Birth-place Dear Leagaville

Occupation _____ Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo. Elmer Tylmire

Father's
Birthplace

Dear Leagaville

Mother's
Maiden Name

Katie Maud Tylmire

Mother's
Birthplace

"

Name of person giving
Information

Geo. Elmer Tylmire

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ahemboanous croup

How long

2 days

Immediate

Asphyxia

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. A. Goodman

Accident or Suicide?

Name
in
Full

Jossey A. Weeden

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Near ^{own} <u>Frederick</u>		County <u>Frederick</u>		MARYLAND	
	Died at <u>Montgomery Md.</u>	Month <u>2</u>	Day <u>26</u>	Years <u>15</u>	Months <u>—</u>	Days <u>—</u>
Date of death <u>1909</u>	Age <u>15</u>	Color or Race <u>Black</u>	Birth- place <u>Frederick Co</u>	¹⁶⁰		
Sex <u>Male</u>	Occupation <u>None</u>	Where Residing if not at place of death <u>Buckeystown Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				Father's Birthplace <u>Frederick Co Md.</u>	
Father's Name <u>Jacob Weeden</u>				Mother's Birthplace		
Mother's Maiden Name <u>Amanda Brown</u>				How related to deceased <u>Father</u>		
Name of person giving Information <u>Jacob Weeden</u>				29		
CAUSES OF DEATH						
Primary	<u>Tuberculosis of Peritoneum & Cervix</u>			How long <u>Several months</u>		
Immediate	<u>Exsanguination</u>			How long <u>Deceased in two</u>		

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Peritoneum &
Cervix

Immediate

Exsanguination

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. G. Doursie M.D.
Frederick, Md.

Accident or Suicide

Interment Feb 28. 1909
" at Hope Hill Cemetery

Thomas P. Rice F.A.

Dr Boerne

do Goodell,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Brunswick

Frederick

Montha

Days

Date

Month

Day

Yeara

of death 1909

Feb

2

Yeara

Age born dead.

Days

Sex Female

Color or
Race

white

Birth-
place

Brunswick

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John F. Whitney

Father's
Birthplace

Mother's
Maiden Name

Phoebe E. Whitney

Mother's
Birthplace

Name of person giving
Information

J. F. Whitney

How related
to deceased

Primary

CAUSES OF DEATH

Still Born

How long

Immediate

How long

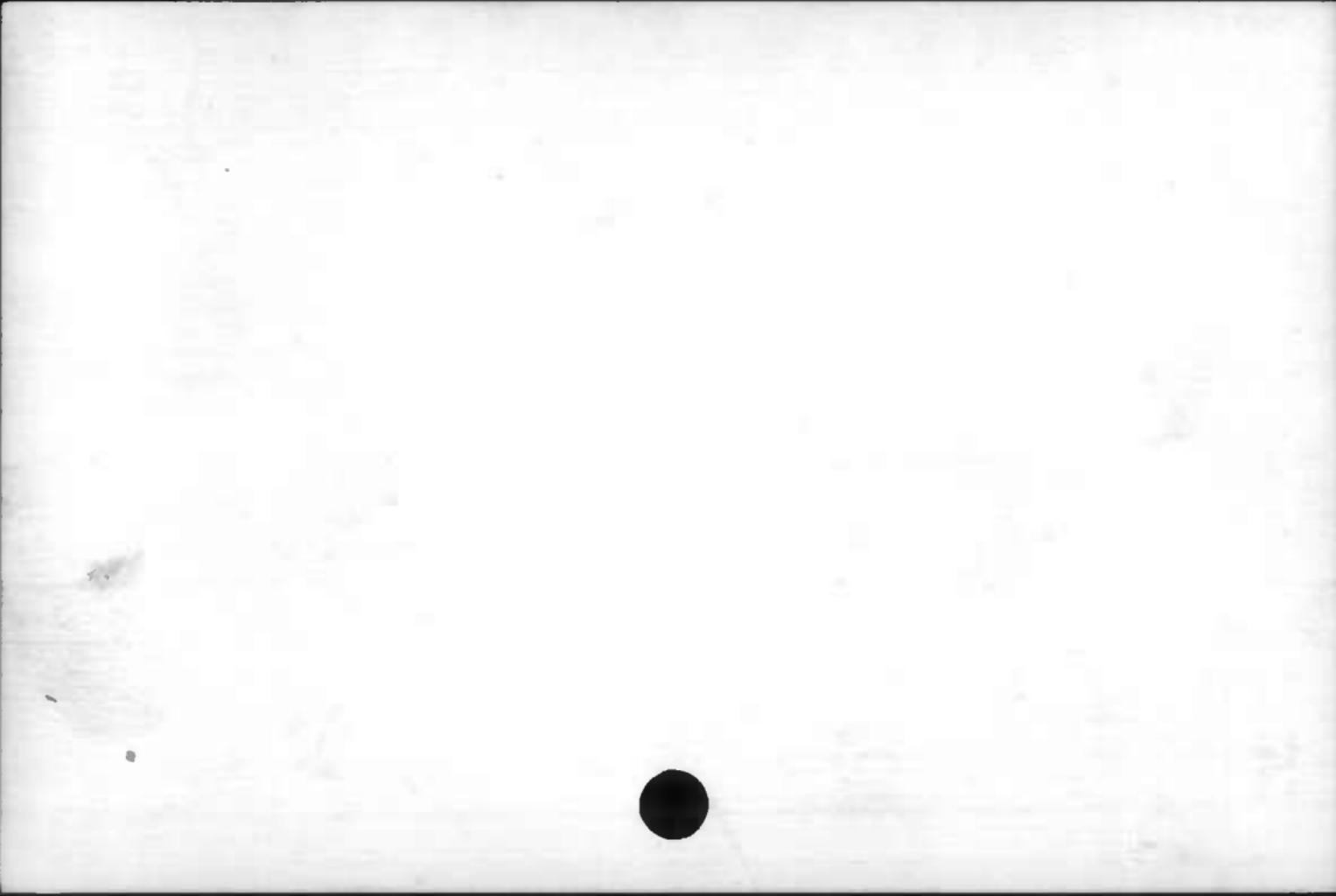
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. F. Bchanal MD
Brunswick M.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mark Weldon Wolfe				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place		Fred. Co.	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband			Father's Name	Garfield		
Father's Name	Angus R. Wolfe			Mother's Name	Folville		
Mother's Maiden Name	Gazella M. Lewis			Name of person giving Information	Cousin.		

CAUSES OF DEATH

Primary

Double Pneumonia
Tuberculosis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

8

Accident or Suicide

Signature of
Physician

Address

Dr. Mark W. Wolfe
Smithsburg
Maryland

93

How long

How long

Two weeks

2 days

Name
in
Full

Daniel Lawson Gecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burkittsville Town		Fred. County		MARYLAND		
Date of death 1909	Month Feb.	Day 4	Age 77	Years	Months 2.	Days 8
Sex Male	Color or Race White			Birth-place Fred. Co. Ind.		
Occupation Retired Farmer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Kate Gecher			Father's Birthplace Germany		
Father's Name John L. Gecher			Mother's Birthplace Fred. Co. Ind.			
Mother's Maiden Name Elizabeth Ahrst			Name of person giving information Samuel Gecher	How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension

66

How long

Two days

Immediate

Asthma

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

*Dr. G. H. Younce
Dr. Thomas
Burkittsville,
Md.*

Address

Accident or Suicide?

